

# Tioga County PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004  
Annual Plan for Fiscal Year 2000

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE  
WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## **PHA Plan Agency Identification**

**PHA Name:** Tioga County Housing Authority

**PHA Number:** PA 050

**PHA Fiscal Year Beginning:** (07/2000)

### **Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA
- ☒ PHA development management offices
- ☐ PHA local offices

### **Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☒ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2000 - 2004**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- X      The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☐      The PHA's mission is: (state mission here)

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- X      PHA Goal: Expand the supply of assisted housing  
Objectives:
- X      Apply for additional rental vouchers: **25**
  - X      Reduce public housing vacancies: **Goal of 3% vacancies**
  - X      Leverage private or other public funds to create additional housing opportunities: **Build 11 new elderly units in Wellsboro through Bradford – Tioga Leased Housing Corporation**
  - X      Acquire or build units or developments **If Public Housing funds available**
  - X      Other (list below) **Assist non-profits with housing development.**
- X      PHA Goal: Improve the quality of assisted housing  
Objectives:
- X      Improve public housing management: (PHAS score) **Goal 95%**
  - X      Improve voucher management: (SEMAP score) **Goal 95%**
  - X      Increase customer satisfaction: **Obtain 10 points on PHA score**

- X Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) **Provide additional support services to tenants for housekeeping and personal care.**
- X Renovate or modernize public housing units: **Continue upgrade of 462 public housing units.**
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)
  
- X PHA Goal: Increase assisted housing choices  
Objectives:
  - X Provide voucher mobility counseling: **Provide information during eligibility interview.**
  - X Conduct outreach efforts to potential voucher landlords
  - X Increase voucher payment standards
  - X Implement voucher homeownership program: **Refer to Trehab 1<sup>st</sup> Time Homebuyer Program.**
  - ☐ Implement public housing or other homeownership programs:
  - X Implement public housing site-based waiting lists: **Implemented with policy adopted 3/27/00**
  - ☐ Convert public housing to vouchers:
  - X Other: **Convert up to 6 efficiency units at Forestview Manor, Elkland into three 1 bedroom units to improve marketing and reduce vacancies.**

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- X PHA Goal: Provide an improved living environment  
Objectives:
  - X Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: **20% optional income exclusion is offered by Authority.**
  - X Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: **Continue implementing current policy which has provided access to lower income families.**
  - X Implement public housing security improvements: **5 Year Capital Improvement Plan includes upgraded lock systems.**
  - ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
  - ☐ Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- X PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- X Increase the number and percentage of employed persons in assisted families: **Implement preference for working families.**
  - X Provide or attract supportive services to improve assistance recipients' employability: **Refer to successful New Choices program.**
  - X Provide or attract supportive services to increase independence for the elderly or families with disabilities. **Increase funding for home support service contract.**
  - ☐ Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- X PHA Goal: Ensure equal opportunity and affirmatively further fair housing
- Objectives:
- X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: **All advertising to contain equal housing opportunity statement.**
  - X Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: **All advertising to contain equal housing opportunity statement.**
  - X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: **Authority has achieved compliance with all Federal ADA/504 Requirements. Authority will continue to go beyond federal requirements by providing additional reasonable accommodations to applicant/tenants who make requests or who are determined to be in need of reasonable accommodations as a result of annual housing inspections of apartments.**
  - ☐ Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2000**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

**Streamlined Plan:**

- ☒ **High Performing PHA**  
☐ **Small Agency (<250 Public Housing Units)**  
☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 @]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

**Tioga County Housing Authority**  
**Fiscal Year 2000 Annual Plan**  
**Executive Summary**

The Tioga County Housing Authority in implementing this first Annual PHA Plan will continue the ongoing effort to improve the quality of housing provided to lower income residents of the County and to improve our management operations. During the past 3 years, the Authority has achieved High Performance Status through the HUD Public Housing Management Assessment Program. This was accomplished mainly because Authority Board, staff and tenants cooperated to make it happen.

Our Annual Plan for 2000 was developed after extensive consultation with Board, staff, local communities, tenants and the general public. In addition to a Public Hearing, meetings to discuss the plan were held at all 12 project sites. The newly formed Tenant Advisory Board also provided extensive input.

Highlights of the Plan include implementation of new Admission and Occupancy Policies for Public Housing, a new Public Housing Lease, a new Section 8 Administrative Plan and the Annual Statement for the Capital Fund Program which will address critical building improvement needs at our

projects. The Public Housing Policy will set equal preferences for admission for veterans, persons involuntarily displaced, victims of domestic violence, homeless and working families. In an effort to encourage tenants to be employed the Authority will also provide an optional income exclusion of 20% of the earned income of tenants who work over 20 hours per week.

During this first Annual Plan year the Authority will also be seeking funding to develop 11 additional elderly housing units in Wellsboro to help alleviate a housing shortage there.

### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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#### **Attachments**

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

X      Admissions Policy for Deconcentration **See Attachment A**

- X FY 2000 Capital Fund Program Annual Statement **See Attachment B**  
☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) **Not Applicable**

Optional Attachments:

- ☐ PHA Management Organizational Chart  
X FY 2000 Capital Fund Program 5 Year Action Plan **See Attachment C**  
☐ Public Housing Drug Elimination Program (PHDEP) Plan  
☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)  
☐ Other (List below, providing each attachment name)

**Supporting Documents Available for Review**

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with	Annual Plan: Eligibility, Selection, and Admissions Policies



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	
X	Public housing rent determination policies, including the methodology for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing (Wellsboro)	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
NA	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

### **INFORMATION**

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford- ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access- ibility</b>	<b>Size</b>	<b>Loca- tion</b>
Income <= 30% of AMI	682	5	3	3	3	2	2
Income >30% but	416	3	2	3	3	2	2

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
<=50% of AMI							
Income >50% but <80% of AMI	180	2	2	3	3	2	2
Elderly	238	2	2	2	3	2	2
Families with Disabilities	280	3	3	3	4	2	3
Race/Ethnicity White	1,297	3	2	3	3	2	2
Race/Ethnicity Black	18	3	2	3	3	2	2
Race/Ethnicity Hispanic	4	3	2	3	3	2	2
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s  
Indicate year: 2000
- ☐ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- ☐ American Housing Survey data  
Indicate year:
- ☐ Other housing market study  
Indicate year:
- ☐ Other sources: (list and indicate year of information)

## **B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists**

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

## PUBLIC HOUSING

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	92		27%
Extremely low income <=30% AMI	45	49	
Very low income (>30% but <=50% AMI)	35	38	
Low income (>50% but <80% AMI)	12	13	
Families with children	30	33	
Elderly families	62	68	
Families with Disabilities	33	36	
Race/ethnicity	Not available	Not available	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	60	65%	
2 BR	22	24%	
3 BR	8	9%	
4 BR	2	2%	
5 BR	0	0	
5+ BR	0	0	

Housing Needs of Families on the Waiting List
<p>Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

## SECTION 8

Housing Needs of Families on the Waiting List			
<p>Waiting list type: (select one)</p> <p>X Section 8 tenant-based assistance</p> <p><input type="checkbox"/> Public Housing</p> <p><input type="checkbox"/> Combined Section 8 and Public Housing</p> <p><input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)</p> <p>If used, identify which development/subjurisdiction:</p>			
	# of families	% of total families	Annual Turnover
Waiting list total	53		38%
Extremely low income <=30% AMI	37	69.8%	
Very low income (>30% but <=50% AMI)	16	30.1%	
Low income (>50% but <80% AMI)	0	0	
Families with children	38	71.6%	
Elderly families	2	3.7%	
Families with Disabilities	13	24.5%	
Race/ethnicity	Not available	Not available	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	21	39.6%	
2 BR	19	35.8%	

Housing Needs of Families on the Waiting List			
3 BR	13	24.5%	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- X      Employ effective maintenance and management policies to minimize the number of public housing units off-line
- X      Reduce turnover time for vacated public housing units
- ☐      Reduce time to renovate public housing units
- ☐      Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐      Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- X      Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- X      Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- X      Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- X      Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- X      Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐      Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☒ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median****Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median****Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☒ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: The Elderly****Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☒ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☐ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☒ Extent to which particular housing needs are met by other organizations in the community



- X Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- X Influence of the housing market on PHA programs
- X Community priorities regarding housing assistance
- X Results of consultation with local or state government
- X Results of consultation with residents and the Resident Advisory Board
- X Results of consultation with advocacy groups
- ☐ Other: (list below)

## 2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2000 grants)</b>	0	
a) Public Housing Operating Fund	164,476	
b) Public Housing Capital Fund	533,159	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	740,006	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants	0	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)	0	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	0	

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>3. Public Housing Dwelling Rental Income</b>	998,030	Public Housing Operations
<b>4. Other income</b> (list below)		
<b>4. Non-federal sources</b> (list below)		
Public Housing Investment Income	26,330	Public Housing Operations
Public Housing –Laundry Operations	23,950	Public Housing Operations
Section 8 Admin.Fee – Invest.Income	6,088	Section 8 Operating
<b>Total resources</b>	2,492,039	

\* Twin Spruce – South Williamson, Blossburg Apartments not to be included in above financial resources since it is FmHA funded.

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

#### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- ☒ When families are within a certain time of being offered a unit: (state time)
- ☐ Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☐ Other (describe)

- c. X Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. X Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. ☐ Yes X No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

## **(2)Waiting List Organization**

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☐ Community-wide list
- ☐ Sub-jurisdictional lists
- X Site-based waiting lists
- ☐ Other (describe)

- b. Where may interested persons apply for admission to public housing?

- X PHA main administrative office
- X PHA development site management office
- ☐ Other (list below)

- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes X No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3. X Yes ☐ No: May families be on more than one list simultaneously  
If yes, how many lists? Families 5 Elderly 9

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- X PHA main administrative office
- X All PHA development management offices
- X Management offices at developments with site-based waiting lists
- X At the development to which they would like to apply
- ☐ Other (list below)

## **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One  
☐ Two  
X Three or More

b. X Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

#### **(4) Admissions Preferences**

a. Income targeting:

- ☐ Yes X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- X Emergencies  
☐ Overhoused  
☐ Underhoused  
X Medical justification  
X Administrative reasons determined by the PHA (e.g., to permit modernization work)  
☐ Resident choice: (state circumstances below)  
☐ Other: (list below)

c. Preferences

1. X Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- X Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
X Victims of domestic violence

- ☐ Substandard housing
- ☒ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☒ Working families and those unable to work because of age or disability
- ☒ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☒ Households that contribute to meeting income goals (broad range of incomes)
- ☒ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

- 1      Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1      Victims of domestic violence
- 1      Substandard housing
- 1      Homelessness
- 1      High rent burden

Other preferences (select all that apply)

- 1      Working families and those unable to work because of age or disability
- 1      Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- X The PHA-resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- X PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☐ At an annual reexamination and lease renewal
- X Any time family composition changes
- ☐ At family request for revision
- ☐ Other (list)

**(6) Deconcentration and Income Mixing**

a. X Yes ☐ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. X Yes ☐ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- X Adoption of site-based waiting lists
- If selected, list targeted developments below:
- ☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
- If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments

If selected, list targeted developments below:

☐ Other (list policies and developments targeted below)

d. ☐ Yes X No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

X Additional affirmative marketing

☐ Actions to improve the marketability of certain developments

☐ Adoption or adjustment of ceiling rents for certain developments

X Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

☐ Not applicable: results of analysis did not indicate a need for such efforts

X List (any applicable) developments below: **PA 50-5, PA 50-7, PA 50-10, PA 50-11, PA 50-12**

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

X Not applicable: results of analysis did not indicate a need for such efforts

☐ List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

☐ Criminal or drug-related activity only to the extent required by law or regulation

☐ Criminal and drug-related activity, more extensively than required by law or regulation

☐ More general screening than criminal and drug-related activity (list factors below)

☐ Other (list below)

- b. ☐ Yes X No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. ☐ Yes X No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. ☐ Yes X No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- ☐ Criminal or drug-related activity
- X Other (describe below) **Prospective landlords are notified if PHA has record on tenant of previous criminal or drug related activity.**

## **(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- X None
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project-based certificate program
- ☐ Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- X PHA main administrative office
- ☐ Other (list below)

## **(3) Search Time**

- a. X Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

- (1) **Progress has been made by tenant to locate suitable rental unit.**
- (2) **Lease cannot be put in place because of circumstance beyond control of tenant (i.e., Excessive rent charges and/or non repair of HQS violations by property owner)**

## **(4) Admissions Preferences**



a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
☒ Victims of domestic violence  
☐ Substandard housing  
☒ Homelessness  
☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability  
☐ Veterans and veterans' families  
☐ Residents who live and/or work in your jurisdiction  
☐ Those enrolled currently in educational, training, or upward mobility programs  
☐ Households that contribute to meeting income goals (broad range of incomes)  
☐ Households that contribute to meeting income requirements (targeting)  
☐ Those previously enrolled in educational, training, or upward mobility programs  
☒ Victims of reprisals or hate crimes  
☒ Other preference(s) (list below) **MH/MR clients who are receiving services from approved MH/MR service providers.**

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- Substandard housing
- 1 Homelessness
- High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- 2 Victims of reprisals or hate crimes
- 3 Other preference(s) (list below) **MH/MR clients who are receiving services from approved MH/MR service providers.**

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- X Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

- ☐ This preference has previously been reviewed and approved by HUD
- ☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
- X Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

- a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

X      The Section 8 Administrative Plan  
☐      Briefing sessions and written materials  
☐      Other (list below)

- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

X      Through published notices  
☐      Other (list below)

#### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

##### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

##### **(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

- a. Use of discretionary policies: (select one)

☐      The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

☐      The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

- b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

☐      \$0  
☐      \$1-\$25  
X      \$26-\$50

2. ☐ Yes X No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☐ Yes X No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

☐ For the earned income of a previously unemployed household member

☐ For increases in earned income

☐ Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

X Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below: **20% earned income exclusion for all tenants employed over 20 hours per week.**

☐ For household heads

☐ For other family members

☐ For transportation expenses

☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families

☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

X Yes for all developments

☐ Yes but only for some developments

☐ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

X For all developments

- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- X Fair market rents (FMR)
- ☐ 95<sup>th</sup> percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☐ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- X Other (list below) **Changes in family composition.**

g. ☐ Yes X No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- X The section 8 rent reasonableness study of comparable housing
- ☐ Survey of rents listed in local newspaper
- ☐ Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)

## B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☐ 100% of FMR
- ☒ Above 100% but at or below 110% of FMR Tioga
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☒ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☐ Annually
- ☒ Other (list below) **Dependent upon degree of difficulty for assisted tenants in obtaining decent housing.**

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☐ Success rates of assisted families

- X Rent burdens of assisted families  
☐ Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
X \$1-\$25  
☐ \$26-\$50

b. ☐ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management NOT APPLICABLE.**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- ☐ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	462	27%
Section 8 Vouchers	200	38%
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)SRO	15	35%
Public Housing Drug Elimination Program (PHDEP)		

Other Federal Programs(list individually)		

### C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

### **6. PHA Grievance Procedures      NOT APPLICABLE**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

#### A. Public Housing

1. ☐ Yes ☐ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☐ PHA main administrative office  
☐ PHA development management offices  
☐ Other (list below)

#### B. Section 8 Tenant-Based Assistance      Not Applicable

1. ☐ Yes ☐ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:



2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☐ PHA main administrative office  
☐ Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

#### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- X The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment. **See Attachment B**

-or-

- ☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

#### **(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

- a. X Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

- X The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment. **See Attachment C**

-or-

- ☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

## **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes X No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes X No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
- If yes, list development name/s below:

- ☐ Yes X No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
- If yes, list developments or activities below:

- ☐ Yes X No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
- If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition (partial) activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.) **Wellsboro – Pinnacle**

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name: Pinnacle Towers
1b. Development (project) number: PA 50-8
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (06/01/2000)
5. Number of units affected: 0
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: 09/01/2000 b. Projected end date of activity: 09/01/2001

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or

will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

**2. Activity Description**

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: ) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application

4. Date Homeownership Plan/Program approved, submitted, or planned for submission:  
(DD/MM/YYYY)

5. Number of units affected:

6. Coverage of action: (select one)

☐ Part of the development

☐ Total development

## B. Section 8 Tenant Based Assistance

1. ☐ Yes X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

☐ 25 or fewer participants

☐ 26 - 50 participants

☐ 51 to 100 participants

☐ more than 100 participants

b. PHA-established eligibility criteria

☐ Yes ☐ No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs –** **Not Applicable**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

## A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- ☐ Yes ☐ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☐ Client referrals  
☐ Information sharing regarding mutual clients (for rent determinations and otherwise)  
☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families  
☐ Jointly administer programs  
☐ Partner to administer a HUD Welfare-to-Work voucher program  
☐ Joint administration of other demonstration program  
☐ Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General      Not Applicable**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies  
☐ Public housing admissions policies  
☐ Section 8 admissions policies  
☐ Preference in admission to section 8 for certain public housing families  
☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA  
☐ Preference/eligibility for public housing homeownership option participation  
☐ Preference/eligibility for section 8 homeownership option participation  
☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-



component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

- b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

### **C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- ☐ Informing residents of new policy on admission and reexamination
- ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

<b>D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937</b>
--

### **13. PHA Safety and Crime Prevention Measures**

#### **NOT APPLICABLE**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower-level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed “in and around” public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☐ Resident reports
- ☐ PHA employee reports
- ☐ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

Not Applicable

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime-and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan

- ☐ Police provide crime data to housing authority staff for analysis and action
  - ☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
  - ☐ Police regularly testify in and otherwise support eviction cases
  - ☐ Police regularly meet with the PHA management and residents
  - ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
  - ☐ Other activities (list below)
2. Which developments are most affected? (list below)

#### **D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- ☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

### **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

### **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

### **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

- 1. X Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
- 2. X Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
- 3. ☐ Yes X No: Were there any findings as the result of that audit?
- 4. ☐ Yes X No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_
- 5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?  
NA  
If not, when are they due (state below)?

## **17. PHA Asset Management      NOT APPLICABLE**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - ☐ Not applicable
  - ☐ Private management
  - ☐ Development-based accounting
  - ☐ Comprehensive stock assessment
  - ☐ Other: (list below)
3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1. X Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
  - ☐ Attached at Attachment (File name)
  - X Provided below:

**Denise Wescott, Wapiti Apartments, Elkland requested Authority to install additional clotheslines at this family project site. Maintenance Foreman to review.**

**Kari Crawford commented that Contractors were very slow in performing upgrade work to Forestview Manor during the past year. Authority responded that coordination between contractors and material delivery delays caused the problem.**

**Mark Schaffer of Pinnacle Towers, Wellsboro requested that Authority include commercial dishwashers in proposed plan to upgrade Community Kitchen. Authority responded that it will include commercial dishwashers in all Community kitchen upgrades.**

**Several committee members asked about proposed new elderly project in Wellsboro. Staff explained that project will be built in the next year for elderly. It will contain 11 units. It is targeted to persons below 50% of median income.**

3. In what manner did the PHA address those comments? (select all that apply)

☒ Considered comments, but determined that no changes to the PHA Plan were necessary.

☐ The PHA changed portions of the PHA Plan in response to comments  
List changes below:

☐ Other: (list below)

#### **B. Description of Election process for Residents on the PHA Board**

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

#### 3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

☐ Candidates were nominated by resident and assisted family organizations

☐ Candidates could be nominated by any adult recipient of PHA assistance

☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot

☐ Other: (describe)

b. Eligible candidates: (select one)

☐ Any recipient of PHA assistance

☐ Any head of household receiving PHA assistance

☐ Any adult recipient of PHA assistance

☐ Any adult member of a resident or assisted family organization

☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

### C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - X Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  - ☐ Other: (list below)
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) **Tioga County does not have consolidated plan, County is part of statewide plan which supports efforts of Housing Rehabilitation and 1<sup>st</sup> Time Homebuyer Assistance.**

### D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

## **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

**Attachment A – “Admissions & Occupancy Policy”**

**Attachment B – “FY 2000 Capital Fund Program Annual Statement”**

**Attachment C – “FY 2000 Capital Fund Program 5 Year Action Plan”**



## PHA Plan Table Library

### Component 7 Capital Fund Program Annual Statement Parts I, II, and II

#### Annual Statement TIOGA COUNTY HOUSING AUTHORITY Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number      FFY of Grant Approval: (04/2000)

X Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	26,000
3	1408 Management Improvements	15,000
4	1410 Administration	37,159
5	1411 Audit	1,000
6	1415 Liquidated Damages	
7	1430 Fees and Costs	44,000
8	1440 Site Acquisition	
9	1450 Site Improvement	35,000
10	1460 Dwelling Structures	346,500
11	1465.1 Dwelling Equipment-Nonexpendable	12,500
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	16,000
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>533,159</b>
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement

Table Library

## Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
50-1 Riverside Park Cottages Main Office	Additional parking for Main Office	1450	8,000
	Replace 4 hot water heaters	1460	1,000
50-4 Riverside Park Apartments	Replace manzard shingles	1460	2,000
50-2 Sherwood Manor	Replace roof	1460	100,000
	Replace bedroom windows	1460	48,000
	Sidewalk replacement	1450	2,000
	Convert elevator shaft to storage	1460	10,000
50-3 Park Hill Manor	Install apt. smoke detectors w/strobes	1460	17,000
	Vanity & bath sink replacement	1460	40,000
	Install shut off valves on heat lines	1460	10,000
	Purchase copies	1475	1,000
	Construct 2 <sup>nd</sup> floor laundry/hair salon	1460	10,500
50-5 Tabor Townhouses	Reseal parking lot	1450	5,000
50-6 Forestview Manor	Replace apt. locksets	1460	5,000
	Light & sound devices on detectors	1460	10,000
	Convert 4 efficiency units to two 1 bedrooms	1460	10,000
50-7 Wapiti Apartments	Install fluorescent lights over kitchen sinks	1460	5,000
	Hand rails on steps	1460	2,000
50-8 Pinnacle Towers	Generator elec. Upgrade	1460	8,000
	Repair retaining wall	1450	20,000
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

50-8 Pinnacle Towers, cont.	Replace 1 <sup>st</sup> floor hallway ceilings	1460	10,000
50-9 Riverside Manor	Replace shingles on manzard	1460	15,000
	Replace 50 apt. ranges	1465.1	12,500
	Replace community room A/C	1475	15,000
	Generator elec. Upgrade	1460	8,000
50-11 Nelson Apartments	Roof replacement	1460	35,000
PHA – WIDE	Operations	1406	26,000
	Management Improvements	1408	15,000
	Administration	1410	37,159
	Audit	1411	1,000
	Fees/Costs – Engineering	1430	44,000

**Annual Statement****Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
PA 50-1	6/2001	12/2001
PA 50-2	6/2001	12/2001
PA 50-3	6/2001	12/2001
PA 50-4	6/2001	12/2001
PA 50-5	6/2001	12/2001
PA 50-6	6/2001	12/2001
PA 50-7	6/2001	12/2001
PA 50-8	6/2001	12/2001
PA 50-9	6/2001	12/2001
PA 50-10	6/2001	12/2001
PA 50-11	6/2001	12/2001
PA 50-12	6/2001	12/2001

## Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-1	Riverside Park (Cottages) Main Office	0	0
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace 5 refrigerators		2,000	2001
Replace 5 ranges		1,000	2001
Additional landscaping		2,000	2001
Replace smoke detectors		3,000	2001
Replace community room carpet		2,000	2002
Replace community room furniture		2,000	2002
New siding on cottages		30,000	2003
Handicap access work apt.1		10,000	2003
Replace site lighting		10,000	2003
<b>Total estimated cost over next 5 years</b>		<b>62,000</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
PA 50-4	Riverside Park (Apartments)	0	0	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
New project sign			5,000	2003
<b>Total estimated cost over next 5 years</b>			<b>5.000</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
PA 50-2	Sherwood Manor	0	0	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace closet doors			10,000	2001
Replace 4 washers			2,000	2002
Replace 4 dryers			2,000	2002
Reseal parking lot			4,000	2002
Replace 50 ranges			12,600	2004
Replace 50 refrigerators			18,000	2004
Install sprinkler system			75,000	2004
<b>Total estimated cost over next 5 years</b>			<b>123,600</b>	
Optional 5-Year Action Plan Tables				

Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
PA 50-3	Park Hill Manor	0	0	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Reseal parking lots			5,000	2001
Replace community room furniture			2,000	2001
New roof			100,000	2002
Upgrade community room kitchen			20,000	2002
18” handicap toilets			15,000	2003
New siding			140,000	2003
Sprinkler system			120,000	2004
Replace 4 washers			2,000	2004
Replace 4 dryers			2,000	2004
Replace ranges			20,500	2004
Replace refrigerators			28,700	2004
Total estimated cost over next 5 years			455,200	

<b>Optional 5-Year Action Plan Tables</b>
---

Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
PA 50-5	Tabor Townhouses	0	0	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
New front & rear emergency door Bath exhaust fans Additional landscaping Handrails on landings			4,000	2001
			2,000	2001
			2,000	2001
			2,000	2001
Replace siding			51,800	2003
Replace landings & steps			30,000	2004
Total estimated cost over next 5 years			91,800	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant	% Vacancies in Development



		<b>Units</b>	
<b>PA 50-6</b>	<b>Forestview Manor</b>	<b>7</b>	<b>14%</b>
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
New siding		150,000	2001
Tenant storage building		30,000	2001
Replace hallway carpet		30,000	2001
Replace smoke detectors		5,000	2001
Elevator replacement		35,000	2002
Push mower		500	2002
Motorized damper in boiler room		2,000	2002
Rewire boiler for hi/low fire		2,000	2002
Replace 50 refrigerators		17,500	2003
Replace 50 ranges		12,500	2003
Replace 4 washers		2,000	2003
Replace 4 dryers		2,000	2003
Replace 2 1 yard dumpsters		1,000	2003
<b>Total estimated cost over next 5 years</b>		<b>289,500</b>	

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant</b>	<b>% Vacancies in Development</b>

		<b>Units</b>	
<b>PA 50-7</b>	<b>Wapiti Apartments</b>	<b>0</b>	<b>0</b>
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace two 4 yard dumpsters		1,000	2001
Heat duct replacement in crawl space		5,000	2001
Replace refrigerators		7,000	2001
Replace ranges		5,000	2001
Replace landing & steps		30,000	2003
<b>Total estimated cost over next 5 years</b>		<b>48,000</b>	

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>PA 50-8</b>	<b>Pinnacle Towers</b>	<b>0</b>	<b>0</b>

Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Laundry room upgrades		10,000	2001
Replace 1 <sup>st</sup> floor ceiling & lighting		15,000	2001
Replace 4 washers		2,000	2001
Replace 4 dryers		2,000	2001
Install shut off valves on heat lines, 60 apartments		10,000	2001
Electric lock for main entrance		2,000	2001
Replace copier		1,000	2001
Sprinkler system		100,000	2002
Replace community room A/C		15,000	2002
Carpet T.V. room		2,000	2002
Repair bottoms of kitchen cupboards – 50 units		10,000	2002
Replace apartment ranges		12,500	2002
Upgrade community kitchen		15,000	2003
Construct lighted project sign		5,000	2003
Replace water lines		20,000	2003
Replace sewer lines		10,000	2003
<b>Total estimated cost over next 5 years</b>		<b>231,500</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-9	Riverside Manor	1	2%

<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Sink trap replacement	5,000	2001
Replace 2 washers	1,000	2002
Replace 2 dryers	1,000	2002
Upgrade heat system	8,000	2002
Replace smoke detectors	10,000	2002
Reseal/stripe parking lot	4,700	2003
Replace tractor	10,000	2003
Replace one 4 yard dumpster	500	2003
Install sprinkler system	75,000	2004
Replace water lines	20,000	2004
Replace sewer lines	6,200	2004
<b>Total estimated cost over next 5 years</b>	<b>141,400</b>	

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>

<b>PA 50-10</b>	<b>Hillview Apartments</b>	<b>1</b>	<b>5%</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Bathtub & tile replacement			20,000	2001
Replace bath vanities			5,000	2001
Replace two 4 yard dumpsters			1,000	2001
Upgrade site lighting			2,000	2001
Replace kitchen cabinets & countertops			32,500	2002
Push mower			500	2002
Additional landscaping			2,000	2002
Fencing on North Street			2,000	2002
<b>Total estimated cost over next 5 years</b>			<b>65,000</b>	

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>PA 50-11</b>	<b>Nelson Apartments</b>	<b>0</b>	<b>0</b>

<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Bathtub & tile replacement	30,000	2001
Replace three 4 yard dumpsters	1,500	2002
Replace kitchen cabinets & countertops	30,000	2002
Push mower	500	2002
Install inside sewer cleanouts	3,000	2002
Replace 30 apartment ranges	7,500	2003
Replace 30 apartment refrigerators	10,500	2003
<b>Total estimated cost over next 5 years</b>	<b>83,000</b>	

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>PA 50-12</b>	<b>Lawrenceville</b>	<b>1</b>	<b>3%</b>
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>

Bathtub & tile replacement	25,000	2001
Tenant pavilion with walk	5,000	2001
GFI outlet and lights	7,000	2001
Replace four 4 yard dumpsters	1,500	2002
Push mower/weed eater	500	2002
Install inside sewer cleanouts	3,000	2002
Replace 2 washers	1,000	2002
Replace 2 dryers	1,000	2002
<b>Total estimated cost over next 5 years</b>	<b>44,000</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PHA-WIDE			
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)

Operations	26,000	2001
Management Improvements	15,000	2001
Administration	37,159	2001
Audit	1,000	2001
Fees/Costs & engineering	44,000	2001
Operations	26,000	2002
Management Improvement	15,000	2002
Administration	37,159	2002
Audit	1,000	2002
Fees/Costs & engineering	44,000	2002
Operations	26,000	2003
Management Improvements	15,000	2003
Administration	37,159	2003
Audit	1,000	2003
Fees/Costs & engineering	44,000	2003
Operations	26,000	2004
Management Improvements	15,000	2004
Administration	37,159	2004
Audit	1,000	2004
Fees/Costs & engineering	44,000	2004
<b>Total estimated cost over next 5 years</b>	<b>492,636</b>	

### **Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

### **Public Housing Asset Management**



Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

# TIOGA COUNTY ADMISSION & OCCUPANCY POLICY

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# **ADMISSIONS AND CONTINUED OCCUPANCY POLICY**

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This Admissions and Continued Occupancy Policy defines the TIOGA COUNTY Housing Authority's policies for the operation for the Public Housing Program, incorporating Federal, State and local law. If there is any conflict between this policy and laws or regulations, the laws and regulations will prevail.

## **1.0 FAIR HOUSING**

It is the policy of the TIOGA COUNTY Housing Authority to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the TIOGA COUNTY Housing Authority's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the TIOGA COUNTY Housing Authority will provide Federal/State/local information to applicants/tenants of the Public Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the TIOGA COUNTY Housing Authority office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The TIOGA COUNTY Housing Authority will assist any family that believes they have suffered illegal discrimination by providing them copies of the appropriate housing discrimination forms. The TIOGA COUNTY Housing Authority will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity.

## **2.0 REASONABLE ACCOMMODATION**

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the TIOGA COUNTY Housing Authority housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to them in a way that would otherwise not be possible due to their disability. This policy clarifies how people can request accommodations and the guidelines the TIOGA COUNTY Housing

Authority will follow in determining whether it is reasonable to provide a requested accommodation. Because disabilities are not always apparent, the TIOGA COUNTY Housing Authority will ensure that all applicants/tenants are aware of the opportunity to request reasonable accommodations.

## **2.1 *COMMUNICATION***

Anyone requesting an application will also receive an information sheet which informs applicants that they can Request for Reasonable Accommodation form.

Notifications of reexamination, inspection, appointment, or eviction will include information about requesting a reasonable accommodation. Any notification requesting action by the tenant will include information about requesting a reasonable accommodation.

All decisions granting or denying requests for reasonable accommodations will be in writing.

## **2.2 *QUESTIONS TO ASK IN GRANTING THE ACCOMMODATION***

- A. Is the requestor a person with disabilities? For this purpose the definition of person with disabilities is different than the definition used for admission. The Fair Housing definition used for this purpose is:

A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. (The disability may not be apparent to others, i.e., a heart condition).

If the disability is apparent or already documented, the answer to this question is yes. It is possible that the disability for which the accommodation is being requested is a disability other than the apparent disability. If the disability is not apparent or documented, the TIOGA COUNTY Housing Authority will obtain verification that the person is a person with a disability.

- B. Is the requested accommodation related to the disability? If it is apparent that the request is related to the apparent or documented disability, the answer to this question is yes. If it is not apparent, the TIOGA COUNTY Housing Authority will obtain documentation that the requested accommodation is needed due to the disability. The TIOGA COUNTY Housing Authority will not inquire as to the nature of the disability.
- C. Is the requested accommodation reasonable? In order to be determined reasonable, the accommodation must meet two criteria:

7. 1. Would the accommodation constitute a fundamental alteration? The TIOGA COUNTY Housing Authority's business is housing. If the request would alter the fundamental business that the TIOGA COUNTY Housing Authority conducts, that would not be reasonable. For instance, the TIOGA COUNTY Housing Authority would deny a request to have the TIOGA COUNTY Housing Authority do grocery shopping for a person with disabilities.
8. 9. 2. Would the requested accommodation create an undue financial hardship or administrative burden? Frequently the requested accommodation costs little or nothing. If the cost would be an undue burden, the TIOGA COUNTY Housing Authority may request a meeting with the individual to investigate and consider equally effective alternatives.

- D. Generally the individual knows best what it is they need; however, the TIOGA COUNTY Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the TIOGA COUNTY Housing Authority's programs or services.

If more than one accommodation is equally effective in providing access to the TIOGA COUNTY Housing Authority's programs and services, the TIOGA COUNTY Housing Authority retains the right to select the most efficient or economic choice.

7. The cost necessary to carry out approved requests, including requests for physical modifications, will be borne by the TIOGA COUNTY Housing Authority if there is no one else willing to pay for the modifications. If another party pays for the modification, the TIOGA COUNTY Housing Authority will seek to have the same entity pay for any restoration costs.
7. If the tenant requests as a reasonable accommodation that they be permitted to make physical modifications at their own expense, the TIOGA COUNTY Housing Authority will generally approve such request if it does not violate codes or affect the structural integrity of the unit.

Any request for an accommodation that would enable a tenant to materially violate essential lease terms will not be approved, i.e. allowing nonpayment of rent, destruction of property, disturbing the peaceful enjoyment of others, etc.

### **3.0 SERVICES FOR NON-ENGLISH SPEAKING APPLICANTS AND RESIDENTS**

The TIOGA COUNTY Housing Authority will endeavor to have access to people who speak languages other than English in order to assist non-English speaking families. The following languages shall be covered:

Spanish.

## **4.0 FAMILY OUTREACH**

The TIOGA COUNTY Housing Authority will publicize the availability and nature of the Public Housing Program for extremely low-income, very low and low-income families in a newspaper of general circulation, minority media, and by other suitable means.

To reach people who cannot or do not read the newspapers, the TIOGA COUNTY Housing Authority will distribute fact sheets to the broadcasting media and initiate personal contacts with members of the news media and community service personnel. The TIOGA COUNTY Housing Authority will also try to utilize public service announcements.

The TIOGA COUNTY Housing Authority will communicate the status of housing availability to other service providers in the community and inform them of housing eligibility factors and guidelines so they can make proper referrals for the Public Housing Program.

## **5.0 RIGHT TO PRIVACY**

All adult members of both applicant and tenant households are required to sign HUD Form 9886, Authorization for Release of Information and Privacy Act Notice. The Authorization for Release of Information and Privacy Act Notice states how family information will be released and includes the Federal Privacy Act Statement.

Any request for applicant or tenant information will not be released unless there is a signed release of information request from the applicant or tenant.

## **6.0 REQUIRED POSTINGS**

In each of its offices, the TIOGA COUNTY Housing Authority will post, in a conspicuous place and at a height easily read by all persons including persons with mobility disabilities, the following information:

- A. Statement of Policies and Procedures governing Admission and Continued Occupancy
- B. Notice of the status of the waiting list (opened or closed)



- C. A listing of all the developments by name, address, number of units, units designed with special accommodations, address of all project offices, office hours, telephone numbers, TDD numbers, and Resident Facilities and operation hours
- D. Income Limits for Admission
- E. Excess Utility Charges
- F. Utility Allowance Schedule
- G. Current Schedule of Routine Maintenance Charges
- H. Dwelling Lease
- I. Grievance Procedure
- J. Fair Housing Poster
- K. Equal Opportunity in Employment Poster
- L. Any current TIOGA COUNTY Housing Authority Notices

## **7.0 TAKING APPLICATIONS**

Families wishing to apply for the Public Housing Program will be required to complete an application for housing assistance. Applications will be accepted during regular business hours at: 4 Riverside Plaza, Blossburg, PA 16912.

Applications are taken to compile a waiting list. Due to the demand for housing in the TIOGA COUNTY Housing Authority jurisdiction, the TIOGA COUNTY Housing Authority may take applications on an open enrollment basis, depending on the length of the waiting list.

Completed applications will be accepted for all applicants and the TIOGA COUNTY Housing Authority will verify the information.

Applications may be made in person at the Tioga County Housing Authority, 4 Riverside Plaza, Blossburg, PA 16912 on Monday through Friday, 8:00 A.M. to 4:30 P.M. Applications will be mailed to interested families upon request.

The completed application will be dated and time stamped upon its return to the TIOGA COUNTY Housing Authority.

Persons with disabilities who require a reasonable accommodation in completing an application may call the TIOGA COUNTY Housing Authority to make special arrangements. A Telecommunication Device for the Deaf (TDD) is available for the deaf. The TDD telephone number is (570)-638-2227.

The application process will involve two phases. The first phase is the initial application for housing assistance. This requires the family to provide limited basic information establishing any preferences to which they may be entitled. This first phase results in the family's placement on the waiting list.

Upon receipt of the family's application, the TIOGA COUNTY Housing Authority will notify the family in writing of the date and time of placement on the waiting list.

The applicant may at any time report changes in their applicant status including changes in family composition, income, or preference factors. The TIOGA COUNTY Housing Authority will annotate the applicant's file and will update their place on the waiting list. Confirmation of the changes will be confirmed with the family in writing.

The second phase is the final determination of eligibility. This takes place when the family nears the top of the waiting list. The TIOGA COUNTY Housing Authority will ensure that verification of all preferences, eligibility, suitability and selection factors are current in order to determine the family's final eligibility for admission into the Public Housing Program.

## **8.0 ELIGIBILITY FOR ADMISSION**

### **8.1 INTRODUCTION**

- 1.
2. There are five eligibility requirements for admission to public housing: qualifies as a family, has an income within the income limits, meets citizenship/eligible immigrant criteria, provides documentation of Social Security numbers, and signs consent authorization documents. In addition to the eligibility criteria, families must also meet the TIOGA COUNTY Housing Authority screening criteria in order to be admitted to public housing.

3.

### **8.2 ELIGIBILITY CRITERIA**

7.

8. A. Family status.

1. **A family with or without children.** Such a family is defined as a group of people related by blood, marriage, adoption or affinity that live together in a stable family relationship.

1. a. Children temporarily absent from the home due to placement in foster care are considered family members.

2.
  - b. Unborn children and children in the process of being adopted are considered family members for the purpose of determining bedroom size but are not considered family members for determining income limit.

1. 2. An **elderly family**, which is:

2.

- a. A family whose head, spouse, or sole member is a person who is at least 62 years of age;
- b. Two or more persons who are at least 62 years of age living together; or
- c. One or more persons who are at least 62 years of age living with one or more live-in aides.

3. A **near-elderly family**, which is:

- a. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62;
- b. Two or more persons, who are at least 50 years of age but below the age of 62, living together; or
- c. One or more persons, who are at least 50 years of age but below the age of 62, living with one or more live-in aides.

4. A **disabled family**, which is:

- a. A family whose head, spouse, or sole member is a person with disabilities;
- b. Two or more persons with disabilities living together; or
- c. One or more persons with disabilities living with one or more live-in aides.

1. 5. A **displaced family**, which is a family in which each member, or whose sole member, has been displaced by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

6. A **remaining member of a tenant family**.

1. 7. A **single person** who is not an elderly or displaced person, a person with disabilities, or the remaining member of a tenant family.

7. B. Income eligibility

1. 1. To be eligible for admission to developments or scattered-site units that were available for occupancy before 10/1/81, the family's annual income must be within the low-income limit set by HUD. This means the family income cannot exceed 80 percent of the median income for the area.
1. 2. To be eligible for admission to developments or scattered-site units that became available on or after 10/1/81, the family's annual income must be within the very low-income limit set by HUD, unless HUD grants an exception. This means that without a HUD exception, the family income cannot exceed 50 percent of the median income for the area.
1. 3. Income limits apply only at admission and are not applicable for continued occupancy.
1. 4. A family may not be admitted to the public housing program from another assisted housing program (e.g., tenant-based Section 8) or from a public housing program operated by another housing authority without meeting the income requirements of the TIOGA COUNTY Housing Authority.
2. 5. If the TIOGA COUNTY Housing Authority acquires a property for federal public housing purposes, the families living there must have incomes within the low-income limit in order to be eligible to remain as public housing tenants.
1. 6. Income limit restrictions do not apply to families transferring within our Public Housing Program.

7. C. Citizenship/Eligibility Status

1. To be eligible each member of the family must be a citizen, national, or a noncitizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 1436a(a)).
2. Family eligibility for assistance.
  1. a. A family shall not be eligible for assistance unless every

member of the family residing in the unit is determined to have eligible status, with the exception noted below.

- b. Despite the ineligibility of one or more family members, a mixed family may be eligible for one of three types of assistance. (See Section 13.6 for calculating rents under the noncitizen rule)
- c. A family without any eligible members and receiving assistance on June 19, 1995 may be eligible for temporary deferral of termination of assistance.

7. D. Social Security Number Documentation

To be eligible, all family members 6 years of age and older must provide a Social Security number or certify that they do not have one.

7. E. Signing Consent Forms

- 3. In order to be eligible, each member of the family who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.
- 2. The consent form must contain, at a minimum, the following:
  - a. A provision authorizing HUD or the TIOGA COUNTY Housing Authority to obtain from State Wage Information Collection Agencies (SWICAs) any information or materials necessary to complete or verify the application for participation or for eligibility for continued occupancy; and
  - b. A provision authorizing HUD or the TIOGA COUNTY Housing Authority to verify with previous or current employers income information pertinent to the family's eligibility for or level of assistance;
  - c. A provision authorizing HUD to request income information from the IRS and the SSA for the sole purpose of verifying income information pertinent to the family's eligibility or level of benefits; and
  - d. A statement that the authorization to release the information requested by the consent form expires 15 months after the date the consent form is signed.

**8.3 SUITABILITY**

7.

8. A. Applicant families will be evaluated to determine whether, based on their recent behavior, such behavior could reasonably be expected to result in noncompliance with the public housing lease. The TIOGA COUNTY Housing Authority will look at past conduct as an indicator of future conduct. Emphasis will be placed on whether a family's admission could reasonably be expected to have a detrimental effect on the development environment, other tenants, TIOGA COUNTY Housing Authority employees, or other people residing in the immediate vicinity of the property. Otherwise eligible families will be denied admission if they fail to meet the suitability criteria.
7. B. The TIOGA COUNTY Housing Authority will consider objective and reasonable aspects of the family's background, including the following:
  4. 1. History of meeting financial obligations, especially rent;
  5. 2. Ability to maintain (or with assistance would have the ability to maintain) their housing in a decent and safe condition based on living or housekeeping habits and whether such habits could adversely affect the health, safety, or welfare of other tenants;
  4. 3. History of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;
  4. 3. History of disturbing neighbors or destruction of property;
  4. 4. Having committed fraud in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from; and
  4. 5. History of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment by others.
- C. The TIOGA COUNTY Housing Authority will ask applicants to provide information demonstrating their ability to comply with the essential elements of the lease. The TIOGA COUNTY Housing Authority will verify the information provided. Such verification may include but may not be limited to the following:
  4. 1. A credit check of the head, spouse and co-head;
  5. 2. A rental history check of all adult family members;
  7. 3. A criminal background check on all adult household members,
  8. 3. A criminal background check on all adult household members,

including live-in aides. This check will be made through State or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last three years. Where the individual has lived outside the local area, the TIOGA COUNTY Housing Authority may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC);

9.

10. 4. A check of the State's lifetime sex offender registration program for each adult household member, including live-in aides. No individual registered with this program will be admitted to public housing.

#### **8.4 GROUND S FOR DENIAL**

The TIOGA COUNTY Housing Authority is not required or obligated to assist applicants who:

- A. Do not meet any one or more of the eligibility criteria;
- B. Do not supply information or documentation required by the application process;
- C. Have failed to respond to a written request for information or a request to declare their continued interest in the program;
- D. Have a history of not meeting financial obligations, especially rent;
- E. Do not have the ability to maintain (with assistance) their housing in a decent and safe condition where such habits could adversely affect the health, safety, or welfare of other tenants;
- F. Have a history of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;
- G. Have a history of disturbing neighbors or destruction of property;
- H. Currently owes rent or other amounts to any housing authority in connection with their public housing or Section 8 programs;
- I. Have committed fraud, bribery or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from;

- J. Were evicted from assisted housing within three years of the projected date of admission because of drug-related criminal activity involving the personal use or possession for personal use;
- K. Were evicted from assisted housing within five years of the projected date of admission because of drug-related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802;
- L. Are illegally using a controlled substance or are abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. The TIOGA COUNTY Housing Authority may waive this requirement if:
  - 1. The person demonstrates to the TIOGA COUNTY Housing Authority's satisfaction that the person is no longer engaging in drug-related criminal activity or abuse of alcohol;
  - 2. Has successfully completed a supervised drug or alcohol rehabilitation program;
  - 3. Has otherwise been rehabilitated successfully; or
  - 4. Is participating in a supervised drug or alcohol rehabilitation program.
- M. Have engaged in or threatened abusive or violent behavior towards any TIOGA COUNTY Housing Authority staff or residents;
- N. Have a household member who has ever been evicted from public housing;
- O. Have a family household member who has been terminated under the certificate or voucher program;
- P. **Denied for Life:** If any family member has been convicted of manufacturing or producing methamphetamine (speed) in a public housing development or in a Section 8 assisted property;
- Q. **Denied for Life:** Has a lifetime registration under a State sex offender registration program.

## 8.5 ***INFORMAL REVIEW***

- A. If the TIOGA COUNTY Housing Authority determines that an applicant does not meet the criteria for receiving public housing assistance, the TIOGA COUNTY



Housing Authority will promptly provide the applicant with written notice of the determination. The notice must contain a brief statement of the reason(s) for the decision and state that the applicant may request an informal review of the decision within 10 business days of the denial. The TIOGA COUNTY Housing Authority will describe how to obtain the informal review.

The informal review may be conducted by any person designated by the TIOGA COUNTY Housing Authority, other than a person who made or approved the decision under review or subordinate of this person. The applicant must be given the opportunity to present written or oral objections to the TIOGA COUNTY Housing Authority's decision. The TIOGA COUNTY Housing Authority must notify the applicant of the final decision within 14 calendar days after the informal review, including a brief statement of the reasons for the final decision.

- B. The participant family may request that the TIOGA COUNTY Housing Authority provide for an Informal Hearing after the family has notification of an INS decision on their citizenship status on appeal, or in lieu of request of appeal to the INS. This request must be made by the participant family within 30 days of receipt of the Notice of Denial or Termination of Assistance, or within 30 days of receipt of the INS appeal decision.

For the participant families, the Informal Hearing Process above will be utilized with the exception that the participant family will have up to 30 days of receipt of the Notice of Denial or Termination of Assistance, or of the INS appeal decision.

## **9.0 MANAGING THE WAITING LIST**

### **9.1 *OPENING AND CLOSING THE WAITING LIST***

Opening of the waiting list will be announced with a public notice stating that applications for public housing will again be accepted. The public notice will state where, when, and how to apply. The notice will be published in a local newspaper of general circulation and also by any available minority media. The public notice will state any limitations to who may apply.

The notice will state that applicants already on waiting lists for other housing programs must apply separately for this program and such applicants will not lose their place on other waiting lists when they apply for public housing. The notice will include the Fair Housing logo and slogan and will be in compliance with Fair Housing requirements.

Closing of the waiting list will also be announced with a public notice. The public notice will state the date the waiting list will be closed and for what bedroom sizes. The public notice will be published in a local newspaper of general circulation and also by any available minority media.

## **9.2 ORGANIZATION OF THE WAITING LIST**

The waiting list will be maintained in accordance with the following guidelines:

- A. The application will be a permanent file;
- B. All applications will be maintained by housing site in order of bedroom size, preference, and then in order of date and time of application; and
- C. Any contacts between the TIOGA COUNTY Housing Authority and the applicant will be documented in the applicant file.
- D. Application can be made for more than one housing site.

## **9.3 FAMILIES NEARING THE TOP OF THE WAITING LIST**

When a family appears to be within three (3) months of being offered a unit, the family will be invited to an interview and the verification process will begin. It is at this point in time that the family's waiting list preference will be verified. If the family no longer qualifies to be near the top of the list, the family's name will be returned to the appropriate spot on the waiting list. The TIOGA COUNTY Housing Authority must notify the family in writing of this determination and give the family the opportunity for an informal review.

Once the preference has been verified, the family will complete the full application process, present Social Security number information, citizenship/eligible immigrant information, and sign the Consent for Release of Information forms.

## **9.4 PURGING THE WAITING LIST**

The TIOGA COUNTY Housing Authority will update and purge its waiting list at least annually to ensure that the pool of applicants reasonably represents the interested families for whom the TIOGA COUNTY Housing Authority has current information, i.e. applicant's address, family composition, income category, and preferences.

## **9.5 REMOVAL OF APPLICANTS FROM THE WAITING LIST**

The TIOGA COUNTY Housing Authority will not remove an applicant's name from the waiting list unless:

- A. The applicant requests in writing that the name be removed;
- B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program; or

- C. The applicant does not meet either the eligibility or suitability criteria for the program.

## **9.6 MISSED APPOINTMENTS**

All applicants who fail to keep a scheduled appointment with the TIOGA COUNTY Housing Authority will be sent a notice of termination of the process for eligibility.

The TIOGA COUNTY Housing Authority will allow the family to reschedule for good cause. Generally, no more than one opportunity will be given to reschedule without good cause, and no more than two opportunities will be given for good cause. When good cause exists for missing an appointment, the TIOGA COUNTY Housing Authority will work closely with the family to find a more suitable time. Applicants will be offered the right to an informal review before being removed from the waiting list.

## **9.7 NOTIFICATION OF NEGATIVE ACTIONS**

Any applicant whose name is being removed from the waiting list will be notified by the TIOGA COUNTY Housing Authority, in writing, that they have ten (10) calendar days from the date of the written correspondence to present mitigating circumstances or request an informal review. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the timeframe specified. The TIOGA COUNTY Housing Authority system of removing applicant names from the waiting list will not violate the rights of persons with disabilities. If an applicant claims that their failure to respond to a request for information or updates was caused by a disability, the TIOGA COUNTY Housing Authority will verify that there is in fact a disability and the disability caused the failure to respond, and provide a reasonable accommodation. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

# **10.0 TENANT SELECTION AND ASSIGNMENT PLAN**

## **10.1 PREFERENCES**

The TIOGA COUNTY Housing Authority will select families based on the following preferences within each bedroom size category:

- A. Those who are involuntarily displaced by government action, flood, fire or as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws.
- B. Victims of domestic violence.
- C. Persons who are homeless.

- D. Veterans and Veterans' families.
- E. Those who have been employed for at least 20 hours per week for the three months prior to submitting application.

All of the above preferences are assigned equal priority. When an applicant's name comes to the top of the preference list and they have been certified eligible for admission they will be placed behind the next eligible certified applicant who has been offered a unit.

The date and time of application will be noted and utilized to determine the sequence within the above prescribed preferences.

**Buildings Designed for the Elderly and Disabled:** Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

**Accessible Units:** Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice. A separate waiting list will be maintained for applicants that request a handicap accessible unit only.

## **10.2 ASSIGNMENT OF BEDROOM SIZES**

The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	3	6

4	4	8
---	---	---

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. Zero bedroom units will only be assigned to one-person families. Two adults will share a bedroom unless related by blood.

In determining bedroom size, the TIOGA COUNTY Housing Authority will include the presence of children to be born to a pregnant woman, children who are in the process of being adopted, children whose custody is being obtained, children who are temporarily away at school, or children who are temporarily in foster-care.

In addition, the following considerations may be taken in determining bedroom size:

- A. Children of the same sex will share a bedroom.
- B. Children of the opposite sex, both under the age of four will share a bedroom.
- C. Adults and children will not be required to share a bedroom.
- D. Foster – adults and/or foster - children will not be required to share a bedroom with family members.
- E. Live-in aides will get a separate bedroom.

Exceptions to normal bedroom size standards include the following:

- A. Units smaller than assigned through the above guidelines – A family may request a smaller unit size than the guidelines allow. The TIOGA COUNTY Housing Authority will allow the smaller size unit so long as generally no more than two (2) people per bedroom are assigned. In such situations, the family will sign a certification stating they understand they will be ineligible for a larger size unit for 1 year or until the family size changes, whichever may occur first.
- B. Units larger than assigned through the above guidelines – A family may request a larger unit size than the guidelines allow. The TIOGA COUNTY Housing Authority will allow the larger size unit if the family provides a verified medical need that the family be housed in a larger unit.
- C. If there are no families on the waiting list for a larger size, smaller families may be housed if they sign a release form stating they will transfer (at the family's own expense) to the appropriate size unit when an eligible family needing the larger unit applies. The family transferring will be given a 30-day notice before being required to move.

- D. Larger units may be offered in order to improve the marketing of a development suffering a high vacancy rate.

### ***10.3 SELECTION FROM THE WAITING LIST***

The TIOGA COUNTY Housing Authority shall follow the statutory requirement that at least 40% of newly admitted families in any fiscal year be families whose annual income is at or below 30% of the area median income. To insure this requirement is met we shall quarterly monitor the incomes of newly admitted families and the incomes of the families on the waiting list. If it appears that the requirement to house extremely low-income families will not be met, we will skip higher income families on the waiting list to reach extremely low-income families.

If there are not enough extremely low-income families on the waiting list we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

### ***10.4 DECONCENTRATION POLICY***

It is TIOGA COUNTY Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

The TIOGA COUNTY Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement. The worksheet for the analysis can be found in **Appendix 1**.

### ***10.5 DECONCENTRATION INCENTIVES***

The TIOGA COUNTY Housing Authority may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development.

Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and nondiscriminatory manner.

## **10.6 OFFER OF A UNIT**

When the TIOGA COUNTY Housing Authority discovers that a unit will become available, we will contact the first family on the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goal.

The TIOGA COUNTY Housing Authority will contact the family first by telephone to make the unit offer. If the family cannot be reached by telephone, the family will be notified of a unit offer via first class mail. The family will be given five (5) business days from the date the letter was mailed to contact the TIOGA COUNTY Housing Authority regarding the offer.

The family will be offered the opportunity to view the unit. After the opportunity to view the unit, the family will have two (2) business days to accept or reject the unit. This verbal offer and the family's decision must be documented in the tenant file. If the family rejects the offer of the unit, the TIOGA COUNTY Housing Authority will send the family a letter documenting the offer and the rejection.

## **10.7 REJECTION OF UNIT**

If a family rejects the initial offer of a unit, they will be given one additional opportunity to accept a unit at another time without losing their place on the waiting list. A family may indicate when rejecting the unit that they do not wish a second offer and will therefore be removed from the waiting list.

After a second offer is made and rejected, the family will automatically be removed from the waiting list. The family will have the right to an informal review of the decision to alter their application status.

## **10.8 ACCEPTANCE OF UNIT**

The family will be required to sign a lease that will become effective no later than three (3) business days after the date of acceptance or the business day after the day the unit becomes available, whichever is later.

Prior to signing the lease all families (head of household) and other adult family members will be required to attend the Lease and Occupancy Orientation when they are initially accepted for occupancy. The family will not be housed if they have not attended the orientation. Applicants who provide prior notice of an inability to attend the orientation will be rescheduled. Failure of an applicant to attend the orientation, without good cause, may result in the cancellation of the occupancy process.

The applicant will be provided a copy of the lease, the grievance procedure, utility allowances, utility charges, the current schedule of routine maintenance charges, and a request for reasonable accommodation form. These documents will be explained in detail. The applicant will sign a certification that they have received these documents and that they have reviewed them with Housing Authority personnel. The certification will be filed in the tenant's file.

The signing of the lease and the review of financial information are to be privately handled. The head of household and all adult family members will be required to execute the lease prior to admission. One executed copy of the lease will be furnished to the head of household and the TIOGA COUNTY Housing Authority will retain the original executed lease in the tenant's file. A copy of the grievance procedure will be attached to the resident's copy of the lease.

The family will pay a security deposit at the time of lease signing. The security deposit will be equal to:

- A. \$75.00 for elderly/disabled projects.
- B. \$95.00 for family projects.

In the case of a move within public housing, the security deposit for the first unit will be transferred to the second unit. Additionally, if the security deposit for the second unit is greater than that for the first, the difference will be collected from the family. Conversely, if the security deposit is less, the difference will be refunded to the family.

In the event there are costs attributable to the family for bringing the first unit into condition for re-renting, the family shall be billed for these charges.

## **11.0 INCOME, EXCLUSIONS FROM INCOME, AND DEDUCTIONS FROM INCOME**

- 1.
2. To determine annual income, the TIOGA COUNTY Housing Authority counts the income of all family members, excluding the types and sources of income that are specifically excluded. Once the annual income is determined, the TIOGA COUNTY Housing Authority subtracts all allowable deductions (allowances) to determine the Total Tenant Payment.

### **11.1 INCOME**

1. Annual income means all amounts, monetary or not, that:
  - A. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member; or



7. B. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
  - C. Are not specifically excluded from annual income.
1. Annual income includes, but is not limited to:
    7. A. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
    - 8.
    9. B. The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession is included in income, except to the extent the withdrawal is a reimbursement of cash or assets invested in the operation by the family.
    - 10.
    11. C. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from an investment is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income includes the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
    - 12.
    13. D. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount. (However, deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts are excluded.)
    - 14.
    15. E. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay. (However, lump sum additions such as insurance payments from worker's compensation are excluded.)
    - 16.
    17. F. Welfare assistance.

1. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income consists of:
  - a. The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
  - b. The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this requirement is the amount resulting from one application of the percentage.
2. If the amount of welfare is reduced due to an act of fraud by a family member or because of any family member's failure to comply with requirements to participate in an economic self-sufficiency program or work activity, the amount of rent required to be paid by the family will not be decreased. In such cases, the amount of income attributable to the family will include what the family would have received had they complied with the welfare requirements and/or had not committed an act of fraud.
3. If the amount of welfare assistance is reduced as a result of a lifetime time limit, the reduced amount is the amount that shall be counted as income.
7. G. Periodic and determinable allowances, such as alimony, child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
- 8.
9. H. All regular pay, special pay, and allowances of a member of the Armed Forces. (Special pay to a member exposed to hostile fire is excluded.)
- 10.

## **11.2 ANNUAL INCOME**

- 1.
2. Annual income does not include the following:
  - A. Income from employment of children (including foster children) under the age of 18 years;
  - B. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
  - C. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses;

- D. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- E. Income of a live-in aide;
- F. The full amount of student financial assistance paid directly to the student or to the educational institution;
- G. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- H. The amounts received from the following programs:
  - 1. Amounts received under training programs funded by HUD;
  - 2. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
  - 3. Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and that are made solely to allow participation in a specific program;
  - 4. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the Housing Authority or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiatives coordination. No resident may receive more than one such stipend during the same period of time;
  - 5. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program;
  - 6. Temporary, nonrecurring or sporadic income (including gifts);

7. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
8. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
9. Adoption assistance payments in excess of \$480 per adopted child;
10. For family members who enrolled in certain training programs prior to 10/1/99, the earnings and benefits resulting from the participation if the program provides employment training and supportive services in accordance with the Family Support Act of 1988, Section 22 of the 1937 Act (42 U.S.C. 1437t), or any comparable Federal, State, or local law during the exclusion period. For purposes of this exclusion the following definitions apply:
  - a. Comparable Federal, State or local law means a program providing employment training and supportive services that:
    - i. Is authorized by a Federal, State or local law;
    - ii. Is funded by the Federal, State or local government;
    - iii. Is operated or administered by a public agency; and
    - iv. Has as its objective to assist participants in acquiring employment skills.
  - b. Exclusion period means the period during which the family member participates in a program described in this section, plus 18 months from the date the family member begins the first job acquired by the family member after completion of such program that is not funded by public housing assistance under the 1937 Act. If the family member is terminated from employment with good cause, the exclusion period shall end.
  - c. Earnings and benefits means the incremental earnings and benefits resulting from a qualifying employment training program or subsequent job.
7. 11. The incremental earnings due to employment during the 12-month period following date of hire shall be excluded. This exclusion (paragraph 11) will not apply for any family who concurrently is eligible for exclusion #10. Additionally, this exclusion is only available to the following families:
  9. a. Families whose income increases as a result of employment of a family member who was previously unemployed for one or more years.

8.

10.
  11. b. Families whose income increases during the participation of a family member in any family self-sufficiency program.
  12.
    13. c. Families who are or were, within 6 months, assisted under a State TANF program.

(While HUD regulations allow for the housing authority to offer an escrow account in lieu of having a portion of their income excluded under this paragraph, it is the policy of this housing authority to provide the exclusion in all cases.)

12. Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts;
13. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;
7. 14. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
7. 15. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits. These exclusions include:
  - a. The value of the allotment of food stamps
  - b. Payments to volunteers under the Domestic Volunteer Services Act of 1973
  - c. Payments received under the Alaska Native Claims Settlement Act
  - d. Income from submarginal land of the U.S. that is held in trust for certain Indian tribes
  - e. Payments made under HHS's Low-Income Energy Assistance Program
  - f. Payments received under the Job Training Partnership Act
  - g. Income from the disposition of funds of the Grand River Band of Ottawa Indians

- h. The first \$2000 per capita received from judgment funds awarded for certain Indian claims
- i. Amount of scholarships awarded under Title IV including Work Study
- j. Payments received under the Older Americans Act of 1965
- k. Payments from Agent Orange Settlement
- l. Payments received under the Maine Indian Claims Act
- m. The value of child care under the Child Care and Development Block Grant Act of 1990
- n. Earned income tax credit refund payments
- o. Payments for living expenses under the Americorps Program
- l. p. Additional income exclusions provided by and funded by the TIOGA COUNTY Housing Authority

The TIOGA COUNTY Housing Authority will not provide exclusions from income in addition to those already provided for by HUD.

### ***11.3 DEDUCTIONS FROM ANNUAL INCOME***

The following deductions will be made from annual income:

- 7. A. \$480 for each dependent;
- 8.
- 9. B. \$400 for any elderly family or disabled family;
- 10.
- 11. C. For any family that is not an elderly or disabled family but has a member (other than the head or spouse) who is a person with a disability, disability assistance expenses in excess of 3% of annual income. This allowance may not exceed the employment income received by family members who are 18 years of age or older as a result of the assistance to the person with disabilities.
- 12.
- 13. D. For any elderly or disabled family:
- 14.
- 15. That has no disability assistance expenses, an allowance for medical expenses equal to the amount by which the medical expenses exceed 3% of annual income;
- 16.
- 17. That has disability expenses greater than or equal to 3% of annual income,

an allowance for disability assistance expenses computed in accordance with paragraph C, plus an allowance for medical expenses that equal the family's medical expenses;

18.

19. That has disability assistance expenses that are less than 3% of annual income, an allowance for combined disability assistance expenses and medical expenses that is equal to the total of these expenses less 3% of annual income.

20.

21. E. Child care expenses.

22.

F. Optional income exclusion.

7.

8. A 20% deduction will be made from all earned income of family members working over 20 hours per week.

## **12.0 VERIFICATION**

The TIOGA COUNTY Housing Authority will verify information related to waiting list preferences, eligibility, admission, and level of benefits prior to admission. Periodically during occupancy, items related to eligibility and rent determination shall also be reviewed and verified. Income, assets, and expenses will be verified, as well as disability status, need for a live-in aide and other reasonable accommodations; full time student status of family members 18 years of age and older; Social Security numbers; and citizenship/eligible noncitizen status. Age and relationship will only be verified in those instances where needed to make a determination of level of assistance.

### **12.1 ACCEPTABLE METHODS OF VERIFICATION**

Age, relationship, U.S. citizenship, and Social Security numbers will generally be verified with documentation provided by the family. For citizenship, the family's certification will be accepted. (Or for citizenship documentation such as listed below will be required.) Verification of these items will include photocopies of the Social Security cards and other documents presented by the family, the INS SAVE approval code, and forms signed by the family.

Other information will be verified by third party verification. This type of verification includes written documentation with forms sent directly to and received directly by a source, not passed through the hands of the family. This verification may also be direct contact with the source, in person or by telephone. It may also be a report generated by a request from the TIOGA COUNTY Housing Authority or automatically by another government agency, i.e. the Social Security Administration. Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, i.e. name date of contact, amount received, etc.

When third party verification cannot be obtained, the TIOGA COUNTY Housing Authority will accept documentation received from the applicant/tenant. Hand-carried documentation will be accepted if the TIOGA COUNTY Housing Authority has been unable to obtain third party verification in a 4-week period of time. Photocopies of the documents provided by the family will be maintained in the file.

When neither third party verification nor hand-carried verification can be obtained, the TIOGA COUNTY Housing Authority will accept a notarized statement signed by the head, spouse or co-head. Such documents will be maintained in the file.

## **12.2 TYPES OF VERIFICATION**

The chart below outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the TIOGA COUNTY Housing Authority will send a request form to the source along with a release form signed by the applicant/tenant via first class mail.

Verification Requirements for Individual Items		
Item to Be Verified	3 <sup>rd</sup> party verification	Hand-carried verification
<b>General Eligibility Items</b>		
Social Security Number	Letter from Social Security, electronic reports	Social Security card
Citizenship	N/A	Signed certification, voter's registration card, birth certificate, etc.
Eligible immigration status	INS SAVE confirmation #	INS card
Disability	Letter from medical professional, SSI, etc	Proof of SSI or Social Security disability payments
Full time student status (if >18)	Letter from school	For high school students, any document evidencing enrollment
Need for a live-in aide	Letter from doctor or other professional knowledgeable of condition	N/A
Child care costs	Letter from care provider	Bills and receipts
Disability assistance	Letters from suppliers, care givers,	Bills and records of payment



Verification Requirements for Individual Items		
Item to Be Verified	3 <sup>rd</sup> party verification	Hand-carried verification
expenses	etc.	
Medical expenses	Letters from providers, prescription record from pharmacy, medical professional's letter stating assistance or a companion animal is needed	Bills, receipts, records of payment, dates of trips, mileage log, receipts for fares and tolls
Value of and Income from Assets		
Savings, checking accounts	Letter from institution	Passbook, most current statements
CDS, bonds, etc	Letter from institution	Tax return, information brochure from institution, the CD, the bond
Stocks	Letter from broker or holding company	Stock or most current statement, price in newspaper or through Internet
Real property	Letter from tax office, assessment, etc.	Property tax statement (for current value), assessment, records or income and expenses, tax return
Personal property	Assessment, bluebook, etc	Receipt for purchase, other evidence of worth
Cash value of life insurance policies	Letter from insurance company	Current statement
Assets disposed of for less than fair market value	N/A	Original receipt and receipt at disposition, other evidence of worth
Income		
Earned income	Letter from employer	Multiple pay stubs
Self-employed	N/A	Tax return from prior year, books of accounts
Regular gifts and	Letter from source, letter from	Bank deposits, other similar



will also be required to show proof of age.

7. Prior to being admitted or at the first reexamination, all eligible noncitizens must sign a declaration of their status and a verification consent form and provide their original INS documentation. The TIOGA COUNTY Housing Authority will make a copy of the individual's INS documentation and place the copy in the file. The TIOGA COUNTY Housing Authority will also verify their status through the INS SAVE system. If the INS SAVE system cannot confirm eligibility, the TIOGA COUNTY Housing Authority will mail information to the INS in order that a manual check can be made of INS records.
7. Family members who do not claim to be citizens, nationals, or eligible noncitizens must be listed on a statement of noneligible members and the list must be signed by the head of the household.
7. Noncitizen students on student visas, though in the country legally, are not eligible to be admitted to public housing.
7. Any family member who does not choose to declare their status must be listed on the statement of noneligible members.
- 8.
9. If no family member is determined to be eligible under this section, the family's eligibility will be denied.
7. The family's assistance will not be denied, delayed, reduced, or terminated because of a delay in the process of determining eligible status under this section, except to the extent that the delay is caused by the family.
7. If the TIOGA COUNTY Housing Authority determines that a family member has knowingly permitted an ineligible noncitizen (other than any ineligible noncitizens listed on the lease) to permanently reside in their public housing unit, the family will be evicted. Such family will not be eligible to be readmitted to public housing for a period of 24 months from the date of eviction or termination.

#### ***12.4 VERIFICATION OF SOCIAL SECURITY NUMBERS***

7. Prior to admission, each family member who has a Social Security number and who is at least 6 years of age must provide verification of their Social Security number. New family members at least 6 years of age must provide this verification prior to being added to the lease. Children in assisted households must provide this verification at the first regular reexamination after turning six.
7. The best verification of the Social Security number is the original Social Security card. If the card is not available, the TIOGA COUNTY Housing Authority will accept letters from the Social Security Agency that establishes and states the number. Documentation from other governmental agencies will also be accepted that establishes and states the number. Driver's licenses, military IDs, passports, or other official documents that establish and

state the number are also acceptable.

7. If an individual states that they do not have a Social Security number, they will be required to sign a statement to this effect. The TIOGA COUNTY Housing Authority will not require any individual who does not have a Social Security number to obtain a Social Security number.
7. If a member of an applicant family indicates they have a Social Security number, but cannot readily verify it, the family cannot be housed until verification is provided.
- 8.
9. If a member of a tenant family indicates they have a Social Security number, but cannot readily verify it, they shall be asked to certify to this fact and shall have up to sixty (60) days to provide the verification. If the individual is at least 62 years of age, they will be given one hundred and twenty (120) days to provide the verification. If the individual fails to provide the verification within the time allowed, the family will be evicted.

#### **12.5 TIMING OF VERIFICATION**

Verification information must be dated within ninety (90) days of certification or reexamination. If the verification is older than this, the source will be contacted and asked to provide information regarding any changes.

When an interim reexamination is conducted, the Housing Authority will verify and update all information related to family circumstances and level of assistance. (Or, the Housing Authority will only verify and update those elements reported to have changed.)

#### **12.6 FREQUENCY OF OBTAINING VERIFICATION**

For each family member, citizenship/eligible noncitizen status will be verified only once. This verification will be obtained prior to admission. If the status of any family member was not determined prior to admission, verification of their status will be obtained at the next regular reexamination. Prior to a new member joining the family, their citizenship/eligible noncitizen status will be verified.

For each family member age 6 and above, verification of Social Security number will be obtained only once. This verification will be accomplished prior to admission. When a family member who did not have a Social Security number at admission receives a Social Security number, that number will be verified at the next regular reexamination. Likewise, when a child turns six, their verification will be obtained at the next regular reexamination.

### **13.0 DETERMINATION OF TOTAL TENANT PAYMENT AND TENANT RENT**

### **13.1 FAMILY CHOICE**

At admission and each year in preparation for their annual reexamination, each family is given the choice of having their rent determined under the formula method or having their rent set at the flat rent amount.

7. A. Families who opt for the flat rent will be required to go through the income reexamination process every three years, rather than the annual review they would otherwise undergo.
7. B. Families who opt for the flat rent may request to have a reexamination and return to the formula based method at any time for any of the following reasons:
  7. 1. The family's income has decreased.
  7. 2. The family's circumstances have changed increasing their expenses for child care, medical care, etc.
  7. 3. Other circumstances creating a hardship on the family such that the formula method would be more financially feasible for the family.

### **13.2 THE FORMULA METHOD**

- 7.
8. The total tenant payment is equal to the highest of:
9.
  - A. 10% of monthly income;
  - B. 30% of adjusted monthly income; or
  - C. The welfare rent.
- 7.
8. The family will pay the greater of the total tenant payment or the minimum rent of \$50.00, but never more than the ceiling rent.
- 9.
10. In the case of a family who has qualified for the income exclusion at Section 11.2(H)(11), upon the expiration of the 12-month period described in that section, an additional rent benefit accrues to the family. If the family member's employment continues, then for the 12-month period following the 12-month period of disallowance, the resulting rent increase will be capped at 50 percent of the rent increase the family would have otherwise received.

### **13.3 MINIMUM RENT**

The TIOGA COUNTY Housing Authority has set the minimum rent at \$50.00. However if the family requests a hardship exemption, the TIOGA COUNTY Housing Authority will

immediately suspend the minimum rent for the family until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

- A. A hardship exists in the following circumstances:
  - 1. When the family has lost eligibility for or is waiting an eligibility determination for a Federal, State, or local assistance program;
  - 2. When the family would be evicted as a result of the imposition of the minimum rent requirement;
  - 3. When the income of the family has decreased because of changed circumstances, including loss of employment;
  - 4. When the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items;
  - 5. When a death has occurred in the family.
- B. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.
- C. Temporary hardship. If the Housing Authority reasonably determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will be not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement in accordance with the Section 19 of this policy for any rent not paid during the period of suspension. During the suspension period the Housing Authority will not evict the family for nonpayment of the amount of tenant rent owed for the suspension period.
- D. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.
- E. Appeals. The family may use the grievance procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure.

#### **13.4 THE FLAT RENT**

The TIOGA COUNTY Housing Authority has set a flat rent for each public housing unit. In doing so, it considered the size and type of the unit, as well as its condition, amenities,

services, and neighborhood. The TIOGA COUNTY Housing Authority determined the market value of the unit and set the rent at the market value. The amount of the flat rent will be reevaluated annually and adjustments applied. Affected families will be given a 30-day notice of any rent change. Adjustments are applied on the anniversary date for each affected family (for more information on flat rents, see Section 15.3).

The TIOGA COUNTY Housing Authority will post the flat rents at each of the developments and at the central office and are incorporated in this policy upon approval by the Board of Commissioners.

### **13.5 CEILING RENT**

The TIOGA COUNTY Housing Authority has set a ceiling rent for each public housing unit. The amount of the ceiling rent will be reevaluated annually and the adjustments applied. Affected families will be given a 30-day notice of any rent change. Adjustments are applied on the anniversary date for each affected family.

The TIOGA COUNTY Housing Authority will post the ceiling rents at each of the developments and at the central office and are incorporated in this policy upon approval by the Board of Commissioners.

### **13.6 RENT FOR FAMILIES UNDER THE NONCITIZEN RULE**

7. A mixed family will receive full continuation of assistance if all of the following conditions are met:
  - A. The family was receiving assistance on June 19, 1995;
  7. B. The family was granted continuation of assistance before November 29, 1996;
  - C. The family's head or spouse has eligible immigration status; and
  - D. The family does not include any person who does not have eligible status other than the head of household, the spouse of the head of household, any parent of the head or spouse, or any child (under the age of 18) of the head or spouse.

If a mixed family qualifies for prorated assistance but decides not to accept it, or if the family has no eligible members, the family may be eligible for temporary deferral of termination of assistance to permit the family additional time for the orderly transition of some or all of its members to locate other affordable housing. Under this provision, the family receives full assistance. If assistance is granted under this provision prior to November 29, 1996, it may last no longer than three (3) years. If granted after that date, the maximum period of time for assistance under the provision is eighteen (18) months. The TIOGA COUNTY Housing Authority will grant each family a period of six (6) months to find suitable affordable housing. If the family cannot find suitable affordable housing, the

TIOGA COUNTY Housing Authority will provide additional search periods up to the maximum time allowable.

Suitable housing means housing that is not substandard and is of appropriate size for the family. Affordable housing means that it can be rented for an amount not exceeding the amount the family pays for rent, plus utilities, plus 25%.

The family's assistance is prorated in the following manner:

- A. Determine the 95<sup>th</sup> percentile of gross rents (tenant rent plus utility allowance) for the TIOGA COUNTY Housing Authority. The 95<sup>th</sup> percentile is called the maximum rent.
- B. Subtract the family's total tenant payment from the maximum rent. The resulting number is called the maximum subsidy.
- C. Divide the maximum subsidy by the number of family members and multiply the result times the number of eligible family members. This yields the prorated subsidy.
- D. Subtract the prorated subsidy from the maximum rent to find the prorated total tenant payment. From this amount subtract the full utility allowance to obtain the prorated tenant rent.

### **13.7 UTILITY ALLOWANCE**

7. The TIOGA COUNTY Housing Authority shall establish a utility allowance for all check-metered utilities and for all tenant-paid utilities. The allowance will be based on a reasonable consumption of utilities by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful environment. In setting the allowance, the TIOGA COUNTY Housing Authority will review the actual consumption of tenant families as well as changes made or anticipated due to modernization (weatherization efforts, installation of energy-efficient appliances, etc). Allowances will be evaluated at least annually as well as any time utility rate changes by 10% or more since the last revision to the allowances.

8.

The utility allowance will be subtracted from the family's formula or flat rent to determine the amount of the Tenant Rent. The Tenant Rent is the amount the family owes each month to the TIOGA COUNTY Housing Authority. The amount of the utility allowance is then still available to the family to pay the cost of their utilities. Any utility cost above the allowance is the responsibility of the tenant. Any savings resulting from utility costs below the amount of the allowance belongs to the tenant.

1.

For TIOGA COUNTY Housing Authority paid utilities, the TIOGA COUNTY Housing Authority will monitor the utility consumption of each household. Any consumption in



excess of the allowance established by the TIOGA COUNTY Housing Authority will be billed to the tenant monthly.

7. Utility allowance revisions based on rate changes shall be effective retroactively to the first day of the month following the month in which the last rate change took place. Revisions based on changes in consumption or other reasons shall become effective at each family's next annual reexamination.
1. Families with high utility costs are encouraged to contact the TIOGA COUNTY Housing Authority for an energy analysis. The analysis may identify problems with the dwelling unit that once corrected will reduce energy costs. The analysis can also assist the family in identifying ways they can reduce their costs.
7. Requests for relief from surcharges for excess consumption of TIOGA COUNTY Housing Authority purchased utilities or from payment of utility supplier billings in excess of the utility allowance for tenant-paid utility costs may be granted by the TIOGA COUNTY Housing Authority on reasonable grounds. Requests shall be granted to families that include an elderly member or a member with disabilities. Requests by the family shall be submitted under the Reasonable Accommodation Policy. Families shall be advised of their right to individual relief at admission to public housing and at time of utility allowance changes.

### **13.8 PAYING RENT**

Rent and other charges are due and payable on the first day of the month. All rents should be paid at 4 Riverside Plaza, Blossburg, PA 16912. Reasonable accommodations for this requirement will be made for persons with disabilities. As a safety measure, no cash shall be accepted as a rent payment. Any payment made after the fifth of the month shall be considered late. Chronic late payments of rent shall be grounds for eviction.

If the rent is not paid by the fifteenth of the month, a reminder notice will be sent to the tenant requesting payment and explaining intended actions by Authority if payment is not made.

If the rent is not paid by the twenty-fifth of the month, a \$5.00 late charge will be assessed and a notice of intent to evict issued. This notice will inform tenant that they have a right to request an informal hearing within 10 days regarding the proposed eviction. Authority will conduct informal hearing in conformance with Grievance Procedures.

After 10 days following the Notice of Intent to Evict, the Authority will issue a notice of eviction giving the tenant 10 days to be removed from the property. If the tenant has requested an informal hearing then the notice to evict will not be issued until the hearing process has been completed. Payment of the rent due at any time during the above period will also terminate the eviction process.

Following expiration of the 10 day notice of eviction, if the tenant has not moved or paid rent in full, the Authority will file a Landlord and Tenant Complaint with the District Magistrate requesting a judgment for possession of the property including related costs.

## **14.0 CONTINUED OCCUPANCY AND COMMUNITY SERVICE**

### **14.1 GENERAL**

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities) within the community in which the public housing development is located, or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement

### **14.2 EXEMPTIONS**

7.

8. The following adult family members of tenant families are exempt from this requirement.

7. A. Family members who are 62 or older

7. B. Family members who are blind or disabled

7. C. Family members who are the primary care giver for someone who is blind or disabled

7. D. Family members engaged in work activity

7. E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program

7. F. Family members receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program

### **14.3 NOTIFICATION OF THE REQUIREMENT**

7. The TIOGA COUNTY Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

7. The TIOGA COUNTY Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from

the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The TIOGA COUNTY Housing Authority shall verify such claims.

7. The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after 10/1/99. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

#### ***14.4 VOLUNTEER OPPORTUNITIES***

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The TIOGA COUNTY Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

- 7.
8. Together with the resident advisory councils, the TIOGA COUNTY Housing Authority may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

#### ***14.5 THE PROCESS***

7. At the first annual reexamination on or after October 1, 1999, and each annual reexamination thereafter, the TIOGA COUNTY Housing Authority will do the following:
  - A. Provide a list of volunteer opportunities to the family members.
  - B. Provide information about obtaining suitable volunteer positions.
  - C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.

- D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.
- E. Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the TIOGA COUNTY Housing Authority whether each applicable adult family member is in compliance with the community service requirement.

#### ***14.6 NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT***

- 7. The TIOGA COUNTY Housing Authority will notify any family found to be in noncompliance of the following:
  - 8.
    - A. The family member(s) has been determined to be in noncompliance;
    - B. That the determination is subject to the grievance procedure; and
    - C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

7.

#### ***14.7 OPPORTUNITY FOR CURE***

- 7. The TIOGA COUNTY Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.
- 7. The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis.
- 7. If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service by more than three (3) hours after three (3) months, the TIOGA COUNTY Housing Authority shall take action to terminate the lease.
- 8.

## **15.0 RECERTIFICATIONS**

At least annually, the TIOGA COUNTY Housing Authority will conduct a reexamination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, and (2) whether the family is housed in the correct unit size.

### **15.1 GENERAL**

7. The TIOGA COUNTY Housing Authority will send a notification letter to the family letting them know that it is time for their annual reexamination, giving them the option of selecting either the flat rent or formula method, and scheduling an appointment if they are currently paying a formula rent. If the family thinks they may want to switch from a flat rent to a formula rent, they should request an appointment. At the appointment, the family can make their final decision regarding which rent method they will choose. The letter also includes, for those families paying the formula method, forms for the family to complete in preparation for the interview. The letter includes instructions permitting the family to reschedule the interview if necessary. The letter tells families who may need to make alternate arrangements due to a disability that they may contact staff to request an accommodation of their needs.
- 8.
9. During the appointment, the TIOGA COUNTY Housing Authority will determine whether family composition may require a transfer to a different bedroom size unit, and if so, the family's name will be placed on the transfer list.

### **15.2 MISSED APPOINTMENTS**

If the family fails to respond to the letter and fails to attend the interview, a second letter will be mailed. The second letter will advise of a new time and date for the interview, allowing for the same considerations for rescheduling and accommodation as above. The letter will also advise that failure by the family to attend the second scheduled interview will result in the TIOGA COUNTY Housing Authority taking eviction actions against the family.

### **15.3 FLAT RENTS**

The annual letter to flat rent payers regarding the reexamination process will state the following:

7. A. Each year at the time of the annual reexamination, the family has the option of selecting a flat rent amount in lieu of completing the reexamination process and having their rent based on the formula amount.
7. B. The amount of the flat rent
7. C. A fact sheet about formula rents that explains the types of income counted,

the most common types of income excluded, and the categories allowances that can be deducted from income.

- 8.
9. D. Families who opt for the flat rent will be required to go through the income reexamination process every three years, rather than the annual review they otherwise would undergo.
7. E. Families who opt for the flat rent may request to have a reexamination and return to the formula-based method at any time for any of the following reasons:
  7. 1. The family's income has decreased.
  7. 2. The family's circumstances have changed increasing their expenses for child care, medical care, etc.
  7. 3. Other circumstances creating a hardship on the family such that the formula method would be more financially feasible for the family.
7. F. The dates upon which the TIOGA COUNTY Housing Authority expects to review the amount of the flat rent, the approximate rent increase the family could expect, and the approximate date upon which a future rent increase could become effective.
7. G. The name and phone number of an individual to call to get additional information or counseling concerning flat rents.
7. H. A certification for the family to sign accepting or declining the flat rent.
- 8.
9. Each year prior to their anniversary date, TIOGA COUNTY Housing Authority will send a reexamination letter to the family offering the choice between a flat or a formula rent. The opportunity to select the flat rent is available only at this time. At the appointment, the TIOGA COUNTY Housing Authority may assist the family in identifying the rent method that would be most advantageous for the family. If the family wishes to select the flat rent method without meeting with the TIOGA COUNTY Housing Authority representative, they may make the selection on the form and return the form to the TIOGA COUNTY Housing Authority. In such case, the TIOGA COUNTY Housing Authority will cancel the appointment.

#### **15.4 THE FORMULA METHOD**

7. During the interview, the family will provide all information regarding income, assets, expenses, and other information necessary to determine the family's share of rent. The family will sign the HUD consent form and other consent forms that later will be mailed to the sources that will verify the family circumstances.
7. Upon receipt of verification, the TIOGA COUNTY Housing Authority will determine the

- family's annual income and will calculate their rent as follows.
- 8.
  9. The total tenant payment is equal to the highest of:
    10.
      - A. 10% of monthly income;
      - B. 30% of adjusted monthly income; or
      - C. The welfare rent.
    - 7.
  8. The family will pay the greater of the total tenant payment or the minimum rent of \$50.00 but never more than the ceiling rent.

#### **15.5 EFFECTIVE DATE OF RENT CHANGES FOR ANNUAL REEXAMINATIONS**

7. The new rent will generally be effective upon the anniversary date with thirty (30) days notice of any rent increase to the family.
7. If the rent determination is delayed due to a reason beyond the control of the family, then any rent increase will be effective the first of the month after the month in which the family receives a 30-day notice of the amount. If the new rent is a reduction and the delay is beyond the control of the family, the reduction will be effective as scheduled on the anniversary date.
7. If the family caused the delay, then any increase will be effective on the anniversary date. Any reduction will be effective the first of the month after the rent amount is determined.

#### **15.6 INTERIM REEXAMINATIONS**

During an interim reexamination, only the information affected by the changes being reported will be reviewed and verified.

7. Families will not be required to report any increase in income or decreases in allowable expenses between annual reexaminations.
7. Families are required to report the following changes to the TIOGA COUNTY Housing Authority between regular reexaminations. If the family's rent is being determined under the formula method, these changes will trigger an interim reexamination. The family shall report these changes within ten (10) days of their occurrence.
  7. A. A member has been added to the family through birth or adoption or court-awarded custody.
  - 8.
  9. B. A household member is leaving or has left the family unit.

In order to add a household member other than through birth or adoption (including a live-in aide), the family must request that the new member be added to the lease. Before adding the new member to the lease, the individual must complete an application form stating their income, assets, and all other information required of an applicant. The individual must provide their Social Security number if they have one and must verify their citizenship/eligible immigrant status. (Their housing will not be delayed due to delays in verifying eligible immigrant status other than delays caused by the family.) The new family member will go through the screening process similar to the process for applicants. The TIOGA COUNTY Housing Authority will determine the eligibility of the individual before adding them to the lease. If the individual is found to be ineligible or does not pass the screening criteria, they will be advised in writing and given the opportunity for an informal review. If they are found to be eligible and do pass the screening criteria, their name will be added to the lease. At the same time, if the family's rent is being determined under the formula method, the family's annual income will be recalculated taking into account the circumstances of the new family member. The effective date of the new rent will be in accordance with paragraph below 15.8.

7. Families are not required to, but may at any time, request an interim reexamination based on a decrease in income, an increase in allowable expenses, or other changes in family circumstances. Upon such request, the TIOGA COUNTY Housing Authority will take timely action to process the interim reexamination and recalculate the tenant's rent.

#### ***15.7 SPECIAL REEXAMINATIONS***

If a family's income is too unstable to project for twelve (12) months, including families that temporarily have no income (0 renters) or have a temporary decrease in income, the TIOGA COUNTY Housing Authority may schedule special reexaminations every sixty (60) days until the income stabilizes and an annual income can be determined.

#### ***15.8 EFFECTIVE DATE OF RENT CHANGES DUE TO INTERIM OR SPECIAL REEXAMINATIONS***

Unless there is a delay in reexamination processing caused by the family, any rent increase will be effective the first of the second month after the month in which the family receives notice of the new rent amount. If the family causes a delay, then the rent increase will be effective on the date it would have been effective had the process not been delayed (even if this means a retroactive increase).

7. If the new rent is a reduction and any delay is beyond the control of the family, the reduction will be effective the first of the month after the interim reexamination should have been completed.
7. If the new rent is a reduction and the family caused the delay or did not report the change in a timely manner, the change will be effective the first of the month after the rent amount is determined.



8.

## **16.0 UNIT TRANSFERS**

### ***16.1 OBJECTIVES OF THE TRANSFER POLICY***

The objectives of the Transfer Policy include the following:

1. A. To address emergency situations.
1. B. To fully utilize available housing resources while avoiding overcrowding by insuring that each family occupies the appropriate size unit.
1. C. To facilitate a relocation when required for modernization or other management purposes.
1. D. To facilitate relocation of families with inadequate housing accommodations.
1. E. To provide an incentive for families to assist in meeting the TIOGA COUNTY Housing Authority's deconcentration goal.
1. F. To eliminate vacancy loss and other expense due to unnecessary transfers.

### ***16.2 CATEGORIES OF TRANSFERS***

1. Category 1: Emergency transfers. These transfers are necessary when conditions pose an immediate threat to the life, health, or safety of a family or one of its members. Such situations may involve defects of the unit or the building in which it is located, the health condition of a family member, a hate crime, the safety of witnesses to a crime, or a law enforcement matter particular to the neighborhood.
1. Category 2: Immediate administrative transfers. These transfers are necessary in order to permit a family needing accessible features to move to a unit with such a feature or to enable modernization work to proceed.
1. Category 3: Regular administrative transfers. These transfers are made to offer incentives to families willing to help meet certain TIOGA COUNTY Housing Authority occupancy goals, to correct occupancy standards where the unit size is inappropriate for the size and composition of the family, to allow for non-emergency but medically advisable transfers, and other transfers approved by the TIOGA COUNTY Housing Authority when a transfer is the only or best way of solving a serious problem.
- 2.
3. Category 4: Other transfers requested by family

### **16.3 DOCUMENTATION**

When the transfer is at the request of the family, the family may be required to provide third party verification of the need for the transfer.

### **16.4 INCENTIVE TRANSFERS**

Transfer requests will be encouraged and approved for families who live in a development where their income category (below or above 30% of area median) predominates and wish to move to a development where their income category does not predominate.

### **16.5 PROCESSING TRANSFERS**

Existing tenants that occupy efficiency units and wish to transfer to one bedroom units when available will be given preference over applicants on waiting list for 1 bedroom units unless applicant is a 2 person family.

Tenants must notify the Authority that they want to be placed on a transfer list for a one bedroom unit. Selection for available one bedroom units will be made from this list, unless the Authority determines that the special needs of an individual tenant living in an efficiency unit warrants their selection above the others.

Handicapped or disabled persons who occupy existing units that are not handicap accessible and wish to move to an available handicap accessible unit will be given preference over new applicants.

Other existing tenants that wish to transfer to other available units can do so upon approval of Authority. Authority reserves right to deny transfer based on evaluation of all circumstances.

All category 4 transfers requested by families except transfers from efficiency to 1 bedroom units will be subject to a \$50.00 transfer processing charge by the Authority.

### **16.6 COST OF THE FAMILY'S MOVE**

7. The cost of the transfer generally will be borne by the family in the following circumstances:
  8. A. When the transfer is made at the request of the family or by others on behalf of the family (i.e. by the police);
  7. B. When the transfer is needed to move the family to an appropriately sized unit, either larger or smaller;

- 7. C. When the transfer is necessitated because a family with disabilities needs the accessible unit into which the transferring family moved (The family without disabilities signed a statement to this effect prior to accepting the accessible unit); or
- 7. D. When the transfer is needed because action or inaction by the family caused the unit to be unsafe or uninhabitable.
- 7. The cost of the transfer will be borne by the TIOGA COUNTY Housing Authority in the following circumstances:
  - A. When the transfer is needed in order to carry out rehabilitation activities; or
  - 7. B. When action or inaction by the TIOGA COUNTY Housing Authority has caused the unit to be unsafe or inhabitable.
  - 9.
  - 10. The responsibility for moving costs in other circumstances will be determined on a case by case basis.

#### ***16.7 TENANTS IN GOOD STANDING***

When the transfer is at the request of the family, it will not be approved unless the family is in good standing with the TIOGA COUNTY Housing Authority. This means the family must be in compliance with their lease, current in all payments to the Housing Authority, and must pass a housekeeping inspection.

#### ***16.8 TRANSFER REQUESTS***

- 7. A tenant may request a transfer at any time by completing a transfer request form. In considering the request, the TIOGA COUNTY Housing Authority may request a meeting with the tenant to better understand the need for transfer and to explore possible alternatives. The TIOGA COUNTY Housing Authority will review the request in a timely manner and if a meeting is desired, it shall contact the tenant within ten (10) business days of receipt of the request to schedule a meeting.
- 8.
- 9. The TIOGA COUNTY Housing Authority will grant or deny the transfer request in writing within ten (10) business days of receiving the request or holding the meeting, whichever is later.
- 7. If the transfer is approved, the family's name will be added to the transfer waiting list.
- 7. If the transfer is denied, the denial letter will advise the family of their right to utilize the grievance procedure.

## **16.9    *RIGHT OF THE TIOGA COUNTY HOUSING AUTHORITY IN TRANSFER POLICY***

The provisions listed above are to be used as a guide to insure fair and impartial means of assigning units for transfers. It is not intended that this policy will create a property right or any other type of right for a tenant to transfer or refuse to transfer.

## **17.0    *INSPECTIONS***

An authorized representative of the TIOGA COUNTY Housing Authority and an adult family member will inspect the premises prior to commencement of occupancy. A written statement of the condition of the premises will be made, all equipment will be provided, and the statement will be signed by both parties with a copy retained in the TIOGA COUNTY Housing Authority file and a copy given to the family member. An authorized TIOGA COUNTY Housing Authority representative will inspect the premises at the time the resident vacates and will furnish a statement of any charges to be made provided the resident turns in the proper notice under State law. The resident's security deposit can be used to offset against any TIOGA COUNTY Housing Authority damages to the unit.

### **17.1    *MOVE-IN INSPECTIONS***

The TIOGA COUNTY Housing Authority and an adult member of the family will inspect the unit prior to signing the lease. Both parties will sign a written statement of the condition of the unit. A copy of the signed inspection will be given to the family and the original will be placed in the tenant file.

### **17.2    *ANNUAL INSPECTIONS***

The TIOGA COUNTY Housing Authority will inspect each public housing unit annually to ensure that each unit meets the TIOGA COUNTY Housing Authority's housing standards. Work orders will be submitted and completed to correct any deficiencies.

### **17.3    *PREVENTATIVE MAINTENANCE INSPECTIONS***

This is generally conducted along with the annual inspection. This inspection is intended to keep items in good repair. It checks weatherization; checks the condition of the smoke detectors, water heaters, furnaces, automatic thermostats and water temperatures; checks for leaks; and provides an opportunity to change furnace filters and provide other minor servicing that extends the life of the unit and its equipment.

### **17.4    *SPECIAL INSPECTIONS***

A special inspection may be scheduled to enable HUD or others to inspect a sample of the housing stock maintained by the TIOGA COUNTY Housing Authority.

### **17.5 HOUSEKEEPING INSPECTIONS**

Generally, at the time of annual reexamination, or at other times as necessary, the TIOGA COUNTY Housing Authority will conduct a housekeeping inspection to ensure the family is maintaining the unit in a safe and sanitary condition.

### **17.6 NOTICE OF INSPECTION**

For inspections defined as annual inspections, preventative maintenance inspections, special inspections, and housekeeping inspections the TIOGA COUNTY Housing Authority will give the tenant at least two (2) days written notice.

### **17.7 EMERGENCY INSPECTIONS**

If any employee and/or agent of the TIOGA COUNTY Housing Authority has reason to believe that an emergency exists within the housing unit, the unit can be entered without notice. The person(s) that enters the unit will leave a written notice to the resident that indicates the date and time the unit was entered and the reason why it was necessary to enter the unit.

### **17.8 PRE-MOVE-OUT INSPECTIONS**

When a tenant gives notice that they intend to move, the TIOGA COUNTY Housing Authority will offer to schedule a pre-move-out inspection with the family. The inspection allows the TIOGA COUNTY Housing Authority to help the family identify any problems which, if left uncorrected, could lead to vacate charges. This inspection is a courtesy to the family and has been found to be helpful both in reducing costs to the family and in enabling the TIOGA COUNTY Housing Authority to ready units more quickly for the future occupants.

### **17.9 MOVE-OUT INSPECTIONS**

The TIOGA COUNTY Housing Authority conducts the move-out inspection after the tenant vacates to assess the condition of the unit and determine responsibility for any needed repairs. When possible, the tenant is notified of the inspection and is encouraged to be present. This inspection becomes the basis for any claims that may be assessed against the security deposit.

## **18.0 PET POLICY**

### **18.1 EXCLUSIONS**

This policy does not apply to animals that are used to assist persons with disabilities. Assistive animals are allowed in all public housing facilities with no restrictions other

than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

## **18.2 PETS IN PUBLIC HOUSING BUILDINGS**

The TIOGA COUNTY Housing Authority will allow for pet ownership in public housing projects subject to tenant compliance with all Pet Policy requirements. Additional pet rules of Authority are an attachment to the stated policy.

## **18.3 APPROVAL**

Residents must have the prior approval of the Housing Authority before moving a pet into their unit. Residents must request approval on the Pet Permit Application form that must be fully completed before the Housing Authority will approve the request.

## **18.4 TYPES AND NUMBER OF PETS**

The TIOGA COUNTY Housing Authority will allow only domesticated dogs, cats, birds, and fish in aquariums in units. All dogs and cats must be neutered.

7. Only one (1) pet per unit allowed.

Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight trained dogs, will not be allowed.

No animal may exceed thirty (30) pounds in weight.

## **18.5 INOCULATIONS**

7.

8. In order to be registered, pets must be appropriately inoculated against rabies and other conditions prescribed by local ordinances.

## **18.6 PET DEPOSIT**

A pet deposit of \$100 is required at the time of registering a pet. The deposit is refundable when the pet or the family vacate the unit, less any amounts owed due to damage beyond normal wear and tear.

## **18.7 FINANCIAL OBLIGATION OF RESIDENTS**

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner and the TIOGA COUNTY Housing Authority reserves the right to exterminate and charge the resident.

### **18.8 NUISANCE OR THREAT TO HEALTH OR SAFETY**

The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.

Repeated substantiated complaints by neighbors or TIOGA COUNTY Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance will result in the owner having to remove the pet or move him/herself.

### **18.9 DESIGNATION OF PET AREAS**

Pets must be kept in the owner's apartment or on a leash at all times when outside (no outdoor cages may be constructed). Dogs may not be curbed on Housing Authority property. Pet owner is responsible for removal of any waste deposited by pet on Authority property.

### **18.10 VISITING PETS**

7.

8. Pets that meet the size and type criteria outlined above may visit the projects/buildings where pets are allowed for up to two weeks without TIOGA COUNTY Housing Authority approval. Tenants who have visiting pets must abide by the conditions of this policy regarding health, sanitation, nuisances, and peaceful enjoyment of others. If visiting pets violate this policy or cause the tenant to violate the lease, the tenant will be required to remove the visiting pet.

9.

### **18.11 REMOVAL OF PETS**

7.

8. The TIOGA COUNTY Housing Authority, or an appropriate community authority, shall require the removal of any pet from a project if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project or of other persons in the community where the project is located.

## **19.0 REPAYMENT AGREEMENTS**

When a resident owes the TIOGA COUNTY Housing Authority back charges and is unable to pay the balance by the due date, the resident may request that the TIOGA COUNTY Housing Authority allow them to enter into a Repayment Agreement. The TIOGA COUNTY Housing Authority has the sole discretion of whether to accept such an agreement. All Repayment Agreements must assure that the full payment is made within a period not to exceed twelve (12) months. All Repayment Agreements must be in writing and signed by both parties. Failure to comply with the Repayment Agreement terms may subject the Resident to eviction procedures.

## **20.0 TERMINATION**

### **20.1 *TERMINATION BY TENANT***

The tenant may terminate the lease at any time upon submitting a 30-day written notice. If the tenant vacates prior to the end of the thirty (30) days, they will be responsible for rent through the end of the notice period or until the unit is re-rented, whichever occurs first.

When a tenant becomes deceased or needs to be relocated due to emergency circumstances, rent charges will be terminated when apartment is vacated by next of kin and keys are returned. Next of Kin will be invited to move out inspection.

### **20.2 *TERMINATION BY THE HOUSING AUTHORITY***

The TIOGA COUNTY Housing Authority after 10/1/2000 will not renew the lease of any family that is not in compliance with the community service requirement or an approved Agreement to Cure. If they do not voluntarily leave the property, eviction proceedings will begin.

The TIOGA COUNTY Housing Authority will terminate the lease for serious or repeated violations of material lease terms. Such violations include but are not limited to the following:

- A. Nonpayment of rent or other charges;
- B. A history of late rental payments;
- C. Failure to provide timely and accurate information regarding family composition, income circumstances, or other information related to eligibility or rent;
- D. Failure to allow inspection of the unit;
- E. Failure to maintain the unit in a safe and sanitary manner;
- F. Assignment or subletting of the premises;
- G. Use of the premises for purposes other than as a dwelling unit (other than for housing authority approved resident businesses);
- H. Destruction of property;
- I. Acts of destruction, defacement, or removal of any part of the premises or failure to cause guests to refrain from such acts;



- J. Any criminal activity on the property or drug-related criminal activity on or off the premises. This includes but is not limited to the manufacture of methamphetamine on the premises of the TIOGA COUNTY Housing Authority;
- K. Non-compliance with Non-Citizen Rule requirements;
- L. Permitting persons not on the lease to reside in the unit more than two (2) days each month without the prior written approval of the Housing Authority; and
- M. Other good cause.

The TIOGA COUNTY Housing Authority will take immediate action to evict any household that includes an individual who is subject to a lifetime registration requirement under a State sex offender registration program.

### **20.3 ABANDONMENT**

The TIOGA COUNTY Housing Authority will consider a unit to be abandoned when a resident has both fallen behind in rent **AND** has clearly indicated by words or actions an intention not to continue living in the unit.

When a unit has been abandoned, an TIOGA COUNTY Housing Authority representative may enter the unit and remove any abandoned property. It will be stored in a reasonably secure place. A notice will be mailed to the resident stating where the property is being stored and that it will be sold or disposed of if not picked up within 10 days. If the TIOGA COUNTY Housing Authority does not have a new address for the resident, the notice will be mailed to the unit address so it can be forwarded by the post office.

Any money raised by the sale of the property goes to the TIOGA COUNTY Housing Authority.

### **20.4 RETURN OF SECURITY DEPOSIT**

After a family moves out, the TIOGA COUNTY Housing Authority will return the security deposit within 30 days or give the family a written statement of why all or part of the security deposit is being kept. The rental unit must be restored to the same conditions as when the family moved in, except for normal wear and tear. Deposits will not be used to cover normal wear and tear or damage that existed when the family moved in.

If State law requires the payment of interest on security deposits, it shall be complied with.

The TIOGA COUNTY Housing Authority will be considered in compliance with the above if the required payment, statement, or both, are deposited in the U.S. mail with first class postage paid within 30 days.

## GLOSSARY

**50058 Form:** The HUD form that housing authorities are required to complete for each assisted household in public housing to record information used in the certification and re-certification process and, at the option of the housing authority, for interim reexaminations.

**1937 Housing Act:** The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.) (24 CFR 5.100)

**Adjusted Annual Income:** The amount of household income, after deductions for specified allowances, on which tenant rent is based. (24 CFR 5.611)

**Adult:** A household member who is 18 years or older or who is the head of the household, or spouse, or co-head.

**Allowances:** Amounts deducted from the household's annual income in determining adjusted annual income (the income amount used in the rent calculation). Allowances are given for elderly families, dependents, medical expenses for elderly families, disability expenses, and child care expenses for children under 13 years of age. Other allowance can be given at the discretion of the housing authority.

**Annual Contributions Contract (ACC):** The written contract between HUD and a housing authority under which HUD agrees to provide funding for a program under the 1937 Act, and the housing authority agrees to comply with HUD requirements for the program. (24 CFR 5.403)

**Annual Income:** All amounts, monetary or not, that:

- A. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member; or
- B. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- C. Are not specifically excluded from annual income.

Annual Income also includes amounts derived (during the 12-month period) from assets to which any member of the family has access. (1937 Housing Act; 24 CFR 5.609)

**Applicant (applicant family):** A person or family that has applied for admission to a program but is not yet a participant in the program. (24 CFR 5.403)

**As-Paid States:** States where the welfare agency adjusts the shelter and utility component of the welfare grant in accordance with actual housing costs. Currently, the four as-paid States are New Hampshire, New York, Oregon, and Vermont.

**Assets:** The value of equity in savings, checking, IRA and Keogh accounts, real property, stocks, bonds, and other forms of capital investment. The value of necessary items of personal property such as furniture and automobiles are not counted as assets. (Also see "net family assets.")

**Asset Income:** Income received from assets held by family members. If assets total more than \$5,000, income from the assets is "imputed" and the greater of actual asset income and imputed asset income is counted in annual income. (See "imputed asset income" below.)

**Ceiling Rent:** Maximum rent allowed for some units in public housing projects.

**Certification:** The examination of a household's income, expenses, and family composition to determine the family's eligibility for program participation and to calculate the family's share of rent.

**Child:** For purposes of citizenship regulations, a member of the family other than the family head or spouse who is under 18 years of age. (24 CFR 5.504(b))

**Child Care Expenses:** Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for child care. In the case of child care necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income. (24 CFR 5.603(d))

**Citizen:** A citizen or national of the United States. (24 CFR 5.504(b))

**Consent Form:** Any consent form approved by HUD to be signed by assistance applicants and participants for the purpose of obtaining income information from employers and SWICAs, return information from the Social Security Administration, and return information for unearned income from the Internal Revenue Service. The consent forms may authorize the collection of other information from assistance applicants or participant to determine eligibility or level of benefits. (24 CFR 5.214)

**Decent, Safe, and Sanitary:** Housing is decent, safe, and sanitary if it satisfies the applicable housing quality standards.

**Department:** The Department of Housing and Urban Development. (24 CFR 5.100)

**Dependent:** A member of the family (except foster children and foster adults), other than the family head or spouse, who is under 18 years of age or is a person with a disability or is a full-time student. (24 CFR 5.603(d))

**Dependent Allowance:** An amount, equal to \$480 multiplied by the number of dependents, that is deducted from the household's annual income in determining adjusted annual income.

**Disability Assistance Expenses:** Reasonable expenses that are anticipated, during the period for which annual income is computed, for attendant care and auxiliary apparatus for a disabled family member and that are necessary to enable a family member (including the disabled member) to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source. (24 CFR 5.603(d))

**Disability Assistance Expense Allowance:** In determining adjusted annual income, the amount of disability assistance expenses deducted from annual income for families with a disabled household member.

**Disabled Family:** A family whose head, spouse, or sole member is a person with disabilities; two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides. (24 CFR 5.403(b)) (Also see "person with disabilities.")

**Disabled Person:** See "person with disabilities."

**Displaced Family:** A family in which each member, or whose sole member, is a person displaced by governmental action (such as urban renewal), or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. (24 CFR 5.403(b))

**Displaced Person:** A person displaced by governmental action or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. *[1937 Act]*

**Drug-Related Criminal Activity:** Drug trafficking or the illegal use, or possession for personal use, of a controlled substance as defined in Section 102 of the Controlled Substances Act (21 U.S.C. 802).

**Elderly Family:** A family whose head, spouse, or sole member is a person who is at least 62 years of age; two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides. (24 CFR 5.403)

**Elderly Family Allowance:** For elderly families, an allowance of \$400 is deducted from the household's annual income in determining adjusted annual income.

**Elderly Person:** A person who is at least 62 years of age. (1937 Housing Act)

**Extremely low-income families:** Those families whose incomes do not exceed 30% of the median income for the area, as determined by the Secretary with adjustments for smaller and larger families.

**Fair Housing Act:** Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3601 et seq.). (24 CFR 5.100)

**Family** includes but is not limited to:

- A. A family with or without children;
- B. An elderly family;
- C. A near-elderly family;
- D. A disabled family;
- E. A displaced family;
- F. The remaining member of a tenant family; and
- G. A single person who is not an elderly or displaced person, a person with disabilities, or the remaining member of a tenant family. (24 CFR 5.403)

**Family Members:** All members of the household other than live-in aides, foster children, and foster adults. All family members permanently reside in the unit, though they may be temporarily absent. All family members are listed on the lease. Family means one or more persons who will live together in the unit and are related by blood, marriage or operation of law; or give evidence of a stable family relationship which has existed over a period of time.

**Family Self-Sufficiency Program (FSS Program):** The program established by a housing authority to promote self-sufficiency among participating families, including the coordination of supportive services. (24 CFR 984.103(b))

**Flat Rent:** A rent amount the family may choose to pay in lieu of having their rent determined under the formula method. The flat rent is established by the housing authority set at the lesser of the market value for the unit or the cost to operate the unit. Families selecting the flat rent option have their income evaluated once every three years, rather than annually.

**Formula Method:** A means of calculating a family's rent based on 10% of their monthly income, 30% of their adjusted monthly income, the welfare rent, or the minimum rent. Under the formula method, rents may be capped by a ceiling rent. Under this method, the family's income is evaluated at least annually.

**Full-Time Student:** A person who is carrying a subject load that is considered full-time for day students under the standards and practices of the educational institution attended. An educational institution includes a vocational school with a diploma or certificate program, as well as an institution offering a college degree. (24 CFR 5.603(d))

**Head of Household:** The adult member of the family who is the head of the household for purposes of determining income eligibility and rent. (24 CFR 5.504(b))

**Household Members:** All members of the household including members of the family, live-in aides, foster children, and foster adults. All household members are listed on the lease, and no one other than household members are listed on the lease.

**Housing Assistance Plan:** A housing plan that is submitted by a unit of general local government and approved by HUD as being acceptable under the standards of 24 CFR 570.

**Imputed Income:** For households with net family assets of more than \$5,000, the amount calculated by multiplying net family assets by a HUD-specified percentage. If imputed income is more than actual income from assets, the imputed amount is used as income from assets in determining annual income.

**In-Kind Payments:** Contributions other than cash made to the family or to a family member in exchange for services provided or for the general support of the family (e.g., groceries provided on a weekly basis, baby sitting provided on a regular basis).

**Interim (examination):** A reexamination of a family income, expenses, and household composition conducted between the regular annual recertifications when a change in a household's circumstances warrants such a reexamination.

**Live-In Aide:** A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities and who:

- A. Is determined to be essential to the care and well-being of the persons;
- B. Is not obligated for the support of the persons; and
- C. Would not be living in the unit except to provide the necessary supportive services. (24 CFR 5.403(b))

**Low-Income Families:** Those families whose incomes do not exceed 80% of the median income for the area, as determined by the Secretary with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80% of the median for the area on the basis of the Secretary's findings that such variations are necessary because of prevailing levels of construction costs or unusually high or low family incomes. (1937Act)

**Medical Expenses:** Medical expenses (of all family members of an elderly or disabled family), including medical insurance premiums, that are anticipated during the period for which annual income is computed and that are not covered by insurance. (24 CFR 5.603(d)). These expenses include, but are not limited to, prescription and non-prescription drugs, costs for doctors, dentists, therapists, medical facilities, care for a service animals, transportation for medical purposes.

**Mixed Family:** A family whose members include those with citizenship or eligible immigration status and those without citizenship or eligible immigration status. (24 CFR 5.504(b))

**Monthly Adjusted Income:** One twelfth of adjusted income. (24 CFR 5.603(d))

**Monthly Income:** One twelfth of annual income. (24 CFR 5.603(d))

**National:** A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession. (24 CFR 5.504(b))

**Near-Elderly Family:** A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62; two or more persons, who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides. (24 CFR 5.403(b))

**Net Family Assets:**

- A. Net cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investment, excluding interests in Indian trust land and excluding equity accounts in HUD homeownership programs. The value of necessary items of personal property such as furniture and automobiles shall be excluded.
- B. In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining annual income.
- C. In determining net family assets, housing authorities or owners, as applicable, shall include the value of any business or family assets disposed of by an applicant or tenant for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or reexamination, as applicable, in excess of the consideration received therefor. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or tenant receives important consideration not measurable in dollar terms. (24 CFR 5.603(d))

**Non-Citizen:** A person who is neither a citizen nor national of the United States. (24 CFR 5.504(b))

**Occupancy Standards:** The standards that a housing authority establishes for determining the appropriate number of bedrooms needed to house families of different sizes or composition.

**Person with Disabilities:** A person who:



- A. Has a disability as defined in Section 223 of the Social Security Act, which states:

"Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months, or

In the case of an individual who attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

- B. Is determined, pursuant to regulations issued by the Secretary, to have a physical, mental, or emotional impairment that:

1. Is expected to be of long-continued and indefinite duration;
2. Substantially impedes his or her ability to live independently; and
3. Is of such a nature that such ability could be improved by more suitable housing conditions, or

- C. Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act, which states:

"Severe chronic disability that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitation in three or more of the following areas of major life activity: (1) self care, (2) receptive and responsive language, (3) learning, (4) mobility, (e) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency; and
5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated."

This definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome. (1937 Act)

No individual shall be considered to be a person with disabilities for purposes of eligibility solely based on any drug or alcohol dependence.

**Proration of Assistance:** The reduction in a family's housing assistance payment to reflect the proportion of family members in a mixed family who are eligible for assistance. (24 CFR 5.520)

**Public Housing Agency (PHA):** Any State, county, municipality, or other governmental entity or public body (or agency or instrumentality thereof) which is authorized to engage in or assist in the development or operation of low-income housing under the 1937 Housing Act. (24 CFR 5.100)

**Recertification:** The annual reexamination of a family's income, expenses, and composition to determine the family's rent.

**Remaining Member of a Tenant Family:** A member of the family listed on the lease who continues to live in the public housing dwelling after all other family members have left. (Handbook 7565.1 REV-2, 3-5b.)

**Self-Declaration:** A type of verification statement by the tenant as to the amount and source of income, expenses, or family composition. Self-declaration is acceptable verification only when third-party verification or documentation cannot be obtained.

**Shelter Allowance:** That portion of a welfare benefit (e.g., TANF) that the welfare agency designates to be used for rent and utilities.

**Single Person:** Someone living alone or intending to live alone who does not qualify as an elderly family, a person with disabilities, a displaced person, or the remaining member of a tenant family. (Public Housing: Handbook 7465.1 REV-2, 3-5)

**State Wage Information Collection Agency (SWICA):** The State agency receiving quarterly wage reports from employers in the State or an alternative system that has been determined by the Secretary of Labor to be as effective and timely in providing employment-related income and eligibility information. (24 CFR 5.214)

**Temporary Assistance to Needy Families (TANF):** The program that replaced the Assistance to Families with Dependent Children (AFDC) that provides financial assistance to needy families who meet program eligibility criteria. Benefits are limited to a specified time period.

**Tenant:** The person or family renting or occupying an assisted dwelling unit. (24 CFR 5.504(b))

**Tenant Rent:** The amount payable monthly by the family as rent to the housing authority. Where all utilities (except telephone) and other essential housing services are supplied by the housing authority or owner, tenant rent equals total tenant payment. Where some or all utilities (except telephone) and other essential housing services are supplied by the housing authority and the cost thereof is not included in the amount paid as rent, tenant rent equals total tenant payment less the utility allowance. (24 CFR 5.603(d))

**Third-Party (verification):** Written or oral confirmation of a family's income, expenses, or household composition provided by a source outside the household.

**Total Tenant Payment (TTP):**

A. Total tenant payment for families whose initial lease is effective on or after August 1, 1982:

1. Total tenant payment is the amount calculated under Section 3(a)(1) of the 1937 Act which is the higher of :

a. 30% of the family's monthly adjusted income;

b. 10% of the family's monthly income; or

c. If the family is receiving payments for welfare assistance from a public agency and a part of such payments, adjusted in accordance with the family's actual housing costs, is specifically designated by such agency to meet the family's housing costs, the portion of such payments which is so designated.

If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under section 3(a)(1) shall be the amount resulting from one application of the percentage.

2. Total tenant payment for families residing in public housing does not include charges for excess utility consumption or other miscellaneous charges.

B. Total tenant payment for families residing in public housing whose initial lease was effective before August 1, 1982: Paragraphs (b) and (c) of 24 CFR 913.107, as it existed immediately before November 18, 1996), will continue to govern the total tenant payment of families, under a public housing program, whose initial lease was effective before August 1, 1982.

**Utility Allowance:** If the cost of utilities (except telephone) and other housing services for an assisted unit is not included in the tenant rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made by a housing authority of the monthly cost of a

reasonable consumption of such utilities and other services for the unit by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment. (24 CFR 5.603)

**Utility Reimbursement:** The amount, if any, by which the utility allowance for the unit, if applicable, exceeds the total tenant payment for the family occupying the unit. (24 CFR 5.603)

**Very Low-Income Families:** Low-income families whose incomes do not exceed 50% of the median family income for the area, as determined by the Secretary with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 50% of the median for the areas on the basis of the Secretary's findings that such variations are necessary because of unusually high or low family incomes. Such ceilings shall be established in consultation with the Secretary of Agriculture for any rural area, as defined in Section 520 of the Housing Act of 1949, taking into account the subsidy characteristics and types of programs to which such ceilings apply. (1937 Act)

**Welfare Assistance:** Welfare or other payments to families or individuals, based on need, that are made under programs funded by Federal, State or local governments. (24 CFR 5.603(d))

**Welfare Rent:** In "as-paid" welfare programs, the amount of the welfare benefit designated for shelter and utilities.

## ACRONYMS

ACC	Annual Contributions Contract
CFR	Code of Federal Regulations
FSS	Family Self Sufficiency (program)
HCDA	Housing and Community Development Act
HQS	Housing Quality Standards
HUD	Department of Housing and Urban Development
INS	(U.S.) Immigration and Naturalization Service
NAHA	(Cranston-Gonzalez) National Affordable Housing Act
NOFA	Notice of Funding Availability
OMB	(U.S.) Office of Management and Budget
PHA	Public Housing Agency
QHWR	Quality Housing and Work Responsibility Act of 1998
SSA	Social Security Administration
TTP	Total Tenant Payment

## Appendix I

### Income Limits and Deconcentration Worksheet

Development Name	Number of Units Under ACC	Number of Occupied Units	Number of Units Occupied by Very Poor Families	% Occupied by Very Poor Families

%Very Poor in

Census Tract

Target Number

Number Needed of below 30% of median area income

Number Needed above 30% of median area income

Waiting list number of families Appendix 2

# PHA Plan Table Library

## Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement TIOGA COUNTY HOUSING AUTHORITY  
Capital Fund Program (CFP) Part I: Summary

**Capital Fund Grant Number**      **FFY of Grant Approval: (04/2000)**

**X Original Annual Statement**

Line No.	Summary by Development Account	Total Estimated Cost
<b>1</b>	<b>Total Non-CGP Funds</b>	
<b>2</b>	<b>1406 Operations</b>	<b>26,000</b>
<b>3</b>	<b>1408 Management Improvements</b>	<b>15,000</b>
<b>4</b>	<b>1410 Administration</b>	<b>37,159</b>
<b>5</b>	<b>1411 Audit</b>	<b>1,000</b>
<b>6</b>	<b>1415 Liquidated Damages</b>	
<b>7</b>	<b>1430 Fees and Costs</b>	<b>44,000</b>
<b>8</b>	<b>1440 Site Acquisition</b>	
<b>9</b>	<b>1450 Site Improvement</b>	<b>35,000</b>
<b>10</b>	<b>1460 Dwelling Structures</b>	<b>346,500</b>
<b>11</b>	<b>1465.1 Dwelling Equipment-Nonexpendable</b>	<b>12,500</b>
<b>12</b>	<b>1470 Nondwelling Structures</b>	
<b>13</b>	<b>1475 Nondwelling Equipment</b>	<b>16,000</b>
<b>14</b>	<b>1485 Demolition</b>	
<b>15</b>	<b>1490 Replacement Reserve</b>	
<b>16</b>	<b>1492 Moving to Work Demonstration</b>	
<b>17</b>	<b>1495.1 Relocation Costs</b>	
<b>18</b>	<b>1498 Mod Used for Development</b>	
<b>19</b>	<b>1502 Contingency</b>	
<b>20</b>	Amount of Annual Grant (Sum of lines 2-19)	<b>533,159</b>
<b>21</b>	Amount of line 20 Related to LBP Activities	
<b>22</b>	Amount of line 20 Related to Section 504 Compliance	
<b>23</b>	Amount of line 20 Related to Security	
<b>24</b>	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement  
Capital Fund Program (CFP) Part II: Supporting Table

<b>Development Number/Name HA-Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Development Account Number</b>	<b>Total Estimated Cost</b>
<b>50-1 Riverside Park Cottages Main Office</b>	<b>Additional parking for Main Office</b> <b>Replace 4 hot water heaters</b>	<b>1450</b> <b>1460</b>	<b>8,000</b> <b>1,000</b>
<b>50-4 Riverside Park Apartments</b>	<b>Replace manzard shingles</b>	<b>1460</b>	<b>2,000</b>
<b>50-2 Sherwood Manor</b>	<b>Replace roof</b> <b>Replace bedroom windows</b> <b>Sidewalk replacement</b> <b>Convert elevator shaft to storage</b>	<b>1460</b> <b>1460</b> <b>1450</b> <b>1460</b>	<b>100,000</b> <b>48,000</b> <b>2,000</b> <b>10,000</b>
<b>50-3 Park Hill Manor</b>	<b>Install apt. smoke detectors w/strobes</b> <b>Vanity &amp; bath sink replacement</b> <b>Install shut off valves on heat lines</b> <b>Purchase copies</b> <b>Construct 2<sup>nd</sup> floor laundry/hair salon</b>	<b>1460</b> <b>1460</b> <b>1460</b> <b>1475</b> <b>1460</b>	<b>17,000</b> <b>40,000</b> <b>10,000</b> <b>1,000</b> <b>10,500</b>
<b>50-5 Tabor Townhouses</b>	<b>Reseal parking lot</b>	<b>1450</b>	<b>5,000</b>
<b>50-6 Forestview Manor</b>	<b>Replace apt. locksets</b> <b>Light &amp; sound devices on detectors</b> <b>Convert 4 efficiency units to two 1 bedrooms</b>	<b>1460</b> <b>1460</b> <b>1460</b>	<b>5,000</b> <b>10,000</b> <b>10,000</b>
<b>50-7 Wapiti Apartments</b>	<b>Install fluorescent lights over kitchen sinks</b> <b>Hand rails on steps</b>	<b>1460</b> <b>1460</b>	<b>5,000</b> <b>2,000</b>
<b>50-8 Pinnacle Towers</b>	<b>Generator elec. Upgrade</b> <b>Repair retaining wall</b>	<b>1460</b> <b>1450</b>	<b>8,000</b> <b>20,000</b>
<b>Development Number/Name HA-Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Development Account Number</b>	<b>Total Estimated Cost</b>
<b>50-8 Pinnacle Towers, cont.</b>	<b>Replace 1<sup>st</sup> floor hallway ceilings</b>	<b>1460</b>	<b>10,000</b>
<b>50-9 Riverside Manor</b>	<b>Replace shingles on manzard</b> <b>Replace 50 apt. ranges</b> <b>Replace community room A/C</b> <b>Generator elec. Upgrade</b>	<b>1460</b> <b>1465.1</b> <b>1475</b> <b>1460</b>	<b>15,000</b> <b>12,500</b> <b>15,000</b> <b>8,000</b>
<b>50-11 Nelson</b>			



<b>Apartments</b>	<b>Roof replacement</b>	<b>1460</b>	<b>35,000</b>
<b>PHA – WIDE</b>	<b>Operations</b>	<b>1406</b>	<b>26,000</b>
	<b>Management Improvements</b>	<b>1408</b>	<b>15,000</b>
	<b>Administration</b>	<b>1410</b>	<b>37,159</b>
	<b>Audit</b>	<b>1411</b>	<b>1,000</b>
	<b>Fees/Costs – Engineering</b>	<b>1430</b>	<b>44,000</b>

### Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
PA 50-1	6/2001	12/2001
PA 50-2	6/2001	12/2001
PA 50-3	6/2001	12/2001
PA 50-4	6/2001	12/2001
PA 50-5	6/2001	12/2001
PA 50-6	6/2001	12/2001
PA 50-7	6/2001	12/2001
PA 50-8	6/2001	12/2001
PA 50-9	6/2001	12/2001
PA 50-10	6/2001	12/2001
PA 50-11	6/2001	12/2001
PA 50-12	6/2001	12/2001

# Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

**Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.**

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-1	Riverside Park (Cottages) Main Office	0	0
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace 5 refrigerators		2,000	2001
Replace 5 ranges		1,000	2001
<b>Additional landscaping</b>		2,000	2001
<b>Replace smoke detectors</b>		3,000	2001
<b>Replace community room carpet</b>		2,000	2002
<b>Replace community room furniture</b>		2,000	2002
<b>New siding on cottages</b>		30,000	2003
<b>Handicap access work apt.1</b>		10,000	2003
<b>Replace site lighting</b>		10,000	2003
Total estimated cost over next 5 years		62,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-4	Riverside Park (Apartments)	0	0
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>New project sign</b>		5,000	2003
Total estimated cost over next 5 years		5.000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant	% Vacancies in Development

		Units	
PA 50-2	Sherwood Manor	0	0
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Replace closet doors</b>		10,000	2001
<b>Replace 4 washers</b>		2,000	2002
<b>Replace 4 dryers</b>		2,000	2002
<b>Reseal parking lot</b>		4,000	2002
		12,600	2004
<b>Replace 50 ranges</b>		18,000	2004
<b>Replace 50 refrigerators</b>		75,000	2004
<b>Install sprinkler system</b>			
Total estimated cost over next 5 years		123,600	
Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-3	Park Hill Manor	0	0
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Reseal parking lots</b>		5,000	2001
<b>Replace community room furniture</b>		2,000	2001
		100,000	2002
<b>New roof</b>		20,000	2002
<b>Upgrade community room kitchen</b>		15,000	2003
		140,000	2003
<b>18" handicap toilets</b>			
<b>New siding</b>		120,000	2004
		2,000	2004
<b>Sprinkler system</b>		2,000	2004
<b>Replace 4 washers</b>		20,500	2004
<b>Replace 4 dryers</b>		28,700	2004
<b>Replace ranges</b>			
<b>Replace refrigerators</b>			
Total estimated cost over next 5 years		455,200	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-5	Tabor Townhouses	0	0
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>New front &amp; rear emergency door</b>		4,000	2001
<b>Bath exhaust fans</b>		2,000	2001
<b>Additional landscaping</b>		2,000	2001
<b>Handrails on landings</b>		2,000	2001
<b>Replace siding</b>		51,800	2003
<b>Replace landings &amp; steps</b>		30,000	2004
Total estimated cost over next 5 years		91,800	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-6	Forestview Manor	7	14%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>New siding</b>		150,000	2001
<b>Tenant storage building</b>		30,000	2001
<b>Replace hallway carpet</b>		30,000	2001
<b>Replace smoke detectors</b>		5,000	2001
<b>Elevator replacement</b>		35,000	2002
<b>Push mower</b>		500	2002
<b>Motorized damper in boiler room</b>		2,000	2002
<b>Rewire boiler for hi/low fire</b>		2,000	2002
<b>Replace 50 refrigerators</b>		17,500	2003
		12,500	2003
		2,000	2003
		2,000	2003

<b>Replace 50 ranges</b> <b>Replace 4 washers</b> <b>Replace 4 dryers</b> <b>Replace 2 1 yard dumpsters</b>	1,000	2003
Total estimated cost over next 5 years	289,500	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-7	Wapiti Apartments	0	0
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Replace two 4 yard dumpsters</b>		1,000	2001
<b>Heat duct replacement in crawl space</b>		5,000	2001
<b>Replace refrigerators</b>		7,000	2001
<b>Replace ranges</b>		5,000	2001
		30,000	2003
<b>Replace landing &amp; steps</b>			
Total estimated cost over next 5 years		48,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-8	Pinnacle Towers	0	0
Description of Needed Physical Improvements or Management Improvements		Estimated	Planned Start Date

Improvements	Cost	(HA Fiscal Year)
<b>Laundry room upgrades</b>	10,000	2001
<b>Replace 1<sup>st</sup> floor ceiling &amp; lighting</b>	15,000	2001
<b>Replace 4 washers</b>	2,000	2001
<b>Replace 4 dryers</b>	2,000	2001
<b>Install shut off valves on heat lines, 60 apartments</b>	10,000	2001
<b>Electric lock for main entrance</b>	2,000	2001
<b>Replace copier</b>	1,000	2001
	100,000	2002
<b>Sprinkler system</b>	15,000	2002
<b>Replace community room A/C</b>	2,000	2002
<b>Carpet T.V. room</b>	10,000	2002
<b>Repair bottoms of kitchen cupboards – 50 units</b>	12,500	2002
<b>Replace apartment ranges</b>	15,000	2003
	5,000	2003
	20,000	2003
<b>Upgrade community kitchen</b>	10,000	2003
<b>Construct lighted project sign</b>		
<b>Replace water lines</b>		
<b>Replace sewer lines</b>		
<b>Total estimated cost over next 5 years</b>	<b>231,500</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-9	Riverside Manor	1	2%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Sink trap replacement</b>		5,000	2001
<b>Replace 2 washers</b>		1,000	2002
<b>Replace 2 dryers</b>		1,000	2002
<b>Upgrade heat system</b>		8,000	2002
<b>Replace smoke detectors</b>		10,000	2002
		4,700	2003
<b>Reseal/stripe parking lot</b>		10,000	2003
<b>Replace tractor</b>		500	2003
<b>Replace one 4 yard dumpster</b>		75,000	2004
		20,000	2004
<b>Install sprinkler system</b>		6,200	2004
<b>Replace water lines</b>			
<b>Replace sewer lines</b>			
<b>Total estimated cost over next 5 years</b>		<b>141,400</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-10	Hillview Apartments	1	5%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Bathtub &amp; tile replacement</b>		20,000	2001
<b>Replace bath vanities</b>		5,000	2001
<b>Replace two 4 yard dumpsters</b>		1,000	2001
<b>Upgrade site lighting</b>		2,000	2001
		32,500	2002
<b>Replace kitchen cabinets &amp; countertops</b>		500	2002
<b>Push mower</b>		2,000	2002
<b>Additional landscaping</b>		2,000	2002
<b>Fencing on North Street</b>			
Total estimated cost over next 5 years		65,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-11	Nelson Apartments	0	0
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Bathtub &amp; tile replacement</b>		30,000	2001



<b>Replace three 4 yard dumpsters</b>	1,500	2002
<b>Replace kitchen cabinets &amp; countertops</b>	30,000	2002
<b>Push mower</b>	500	2002
<b>Install inside sewer cleanouts</b>	3,000	2002
	7,500	2003
<b>Replace 30 apartment ranges</b>	10,500	2003
<b>Replace 30 apartment refrigerators</b>		
Total estimated cost over next 5 years	83,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PA 50-12	Lawrenceville	1	3%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Bathtub &amp; tile replacement</b>		25,000	2001
<b>Tenant pavilion with walk</b>		5,000	2001
<b>GFI outlet and lights</b>		7,000	2001
		1,500	2002
<b>Replace four 4 yard dumpsters</b>		500	2002
<b>Push mower/weed eater</b>		3,000	2002
<b>Install inside sewer cleanouts</b>		1,000	2002
<b>Replace 2 washers</b>		1,000	2002
<b>Replace 2 dryers</b>			
Total estimated cost over next 5 years		44,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PHA-WIDE			
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Operations</b>		26,000	2001
<b>Management Improvements</b>		15,000	2001
<b>Administration</b>		37,159	2001
<b>Audit</b>		1,000	2001
<b>Fees/Costs &amp; engineering</b>		44,000	2001
		26,000	2002
<b>Operations</b>		15,000	2002
<b>Management Improvement</b>		37,159	2002
<b>Administration</b>		1,000	2002
<b>Audit</b>		44,000	2002
<b>Fees/Costs &amp; engineering</b>		26,000	2003
		15,000	2003
<b>Operations</b>		37,159	2003
<b>Management Improvements</b>		1,000	2003
<b>Administration</b>		44,000	2003
<b>Audit</b>		26,000	2004
<b>Fees/Costs &amp; engineering</b>		15,000	2004
		37,159	2004
<b>Operations</b>		1,000	2004
<b>Management Improvements</b>		44,000	2004
<b>Administration</b>			
<b>Audit</b>			
<b>Fees/Costs &amp; engineering</b>			
Total estimated cost over next 5 years		492,636	